SunCountry
HEALTH REGION

Annual Report 2012-13

Healthy People in Healthy Communities

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Website: www.suncountry.sk.ca
Blog: suncountryblog.com

Letter of Transmittal

July 12, 2013
The Honourable Dustin Duncan,
Minister of Health

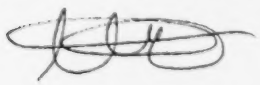
Dear Minister Duncan,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2012-13 annual report. This report outlines the activities and accomplishments of the Region and provides the audited financial statements for the year ended March 31, 2013.

The Sun Country Regional Health Authority was pleased to see admirable results from the first year of the new, province-wide strategic planning process. The staff of Sun Country Health Region successfully completed 15 of the 17 major improvement projects they began in 2012-13. Those projects have now become daily work, with continued measurement of progress.

We are confident that the second year of this process will see even more staff understanding of and participation in projects that move us toward Better Health, Better Care, Better Teams and Better Value for the residents of our Region.

Respectfully submitted,



Marilyn Charlton,
Chairperson
Sun Country Regional Health Authority

Introduction

This annual report presents some of the Sun Country Regional Health Authority's activities and results for the fiscal year ending March 31, 2013. It reports on public commitments made and other key accomplishments of the RHA.

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region (SCHR). The Regional Health Authority uses the operating name of Sun Country Health Region.

The vision of this Region is to continue to build a region of healthy people, healthy communities. Members of the authority propose to do this by providing a range of effective and comprehensive services.

SCHR operates with the highest standard of care, using evidence-based research and guidelines to deliver that care.

Realizing the Region's vision of ***"Healthy People, Healthy Communities"*** requires a good understanding of the residents' health status and the many factors that influence health. The health status of the Sun Country Health Region is generally positive.

Alignment with Strategic Direction

Sun Country Health Region (SCHR) goals align with those of the Saskatchewan health system. All of SCHR's activities and direction mesh with the goals created by the Provincial Health Leadership Team as the means to meet its mandate.

Provincial Goal 1: BETTER HEALTH

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

SCHR Goal

Strengthen Patient-centered Primary Health Care by improving connectivity, access and chronic disease management.

Provincial Goal 2: BETTER CARE

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health care safety.

SCHR Goal

- **Transform the Patient Experience through sooner, safer, smarter surgical care.**
- **Create a Safety Culture: focus on patient and staff safety**

Provincial Goal 3: BETTER TEAMS

Build safe, supportive and quality workplaces that support patient and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

SCHR Goal

Deploy a Continuous Improvement System (Lean).

Provincial Goal 4: BETTER VALUES

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

SCHR Goal

Identify and provide services collectively through a Shared Services organization.

2012-13 Saskatchewan Health System Priorities

Five-year Outcomes

By March 2017, there will be a 50 per cent reduction in the incidence of communicable disease (TB, HIV, STIs & MRSA)

By 2017, there will be a 50 per cent improvement in number of people surveyed who say, "I can see my primary health care team on my day of choice"

By March 31, 2017, there will be a 50 per cent reduction in age standardized hospitalization rate for ambulatory care sensitive conditions

By March 31, 2017, seniors will have access to supports that will allow them to age within their own home and progress into other care options as their needs change

By March 31, 2017, patients' ratings of exceptional overall health care experience are in the top 20 per cent of scores internationally

By March 2017, there will be a 50 per cent reduction in patient wait times from general practitioner referral to specialist and diagnostic services

By March 31, 2014, all patients have the option to receive necessary surgery within three months

By March 31, 2015, all cancer surgeries or treatments are done within the consensus time frames from the time of suspicion of, or diagnosis of, cancer

By March 31, 2017, no adverse events related to medication errors

By March 2017, zero surgical infections from clean surgeries

By March 31, 2017, individuals with severe and complex mental health issues (with alcohol co-morbidity or ABI) will have access to supportive housing in or near their community

By March 31, 2017, no patient will wait for emergency room care (patients seeking non -emergency care in the ER will have access to more appropriate care settings)

By March 31 2017 (based on a rolling five-year average) the health care budget increase is less than the increase to provincial revenue growth

By March 31, 2017, the health care budget is strategically invested in IT, equipment and facility renewal

By March 31, 2017, increase physician engagement "score" by 50 per cent

By March 31, 2017 the employee engagement provincial average score exceeds 80 per cent

By March 31, 2017, zero work place injuries

SCHR has a stated Vision of the system, Mission and set of Goals that guide its work:

Vision

Healthy People, Healthy Communities

Mission

Sun Country Regional Health Authority works together with individuals and communities in partnership to achieve the best possible care, experience and health.

Statement of Values

- **We value mutual RESPECT, HONESTY AND TRUST.**
- **We value OPENNESS with our community to create INFORMED DECISION-MAKING.**
- **We value SOCIAL and ETHICAL RESPONSIBILITY and ACCOUNTABILITY.**
- **We value PRIVACY, CONFIDENTIALITY and COMPASSIONATE CARE.**
- **We value a sense of OWNERSHIP among the individuals and communities associated with the mission of the Sun Country Regional Health Authority.**
- **We value our STAFF, PHYSICIANS and VOLUNTEERS as our MOST VALUABLE RESOURCE.**
- **We value the pursuit of SAFETY, QUALITY and EXCELLENCE in health care.**

RHA Overview

Sun Country Health Region (SCHR) covers the southeast portion of Saskatchewan, Canada from the Manitoba border to the U.S. border, encompassing serene prairie and park land. The Region covers 33,239 square kilometres.

Overview of Facilities and Programs

SCHR operates 28 facilities and 40 community-based health programs for the 56,529 people in this Region, with 2,400 staff members.

Long Term Care Centres

- **Estevan Regional Nursing Home**
- **Moose Mountain Lodge (Carlyle)**
- **New Hope Pioneer Lodge (Stoughton)**
- **Sunset Haven (Carnduff)**
- **Tatagwa View (Weyburn)**
- **Weyburn Special Care Home**
- **Willowdale Lodge (Kipling)**

Community Health Services

- **Carlyle Community Health**
- **Weyburn Community Health**
- **Kipling Community Health**

EMS Stations

- **Bengough**
- **Carlyle**
- **Carnduff**
- **Coronach**
- **Estevan**
- **Fillmore**
- **Kipling**
- **Lampman**
- **Maryfield**
- **Oxbow**
- **Pangman**
- **Radville**
- **Redvers**
- **Stoughton**
- **Wawota**
- **Weyburn**

Health Centres

with Long-term Care facilities

- **Bengough Health Centre**
- **Coronach & District Health Centre**
- **Fillmore Health Centre**
- **Gainsborough Health Centre**
- **Galloway Health Centre (Oxbow)**
- **Lampman Health Centre**
- **Mainprize Manor & Health Centre (Midale)**
- **Radville Marian Health Centre**
- **Wawota Memorial Health Centre**

Community Health Centres

- **Maryfield Health Centre**
- **Pangman Health Centre**

District Hospitals

- **St. Joseph's Hospital of Estevan**
- **Weyburn General Hospital**

Community Hospitals

- **Arcola Health Centre**
- **Kipling Health Centre**
- **Redvers Health Centre**

Inpatient Mental Health Unit

- **Tatagwa View**

Programs and Services

SCHR provides a complex array of community programs and services including:

Acquired Brain Injury Programs
Acute Care
Addiction Services
Adult Community Mental Health Services
Alternatives to Violence Programs
Asthma
Autism Program
Child and Youth Mental Health Services
Communicable Disease Control
Community Dietitian Programs
COPD (chronic obstructive pulmonary disease) Program
COPS (Community Oncology Program of Saskatchewan)
Dental Health Program
Diabetes Program
Population Health
Home Care
Immunization Programs
Infection Control
Injury Prevention Program
Inpatient Mental Health
Long Term Care
Meals on Wheels
Mental Health Home Care
Mental Health Rehabilitation Services
Mental Health Therapies Program
Nutrition Program
Palliative Care Program
Parent Program
Physiotherapy and Occupational Therapy
Podiatry
Primary Health Care services
Psychiatry
Public Health Inspection
Public Health Nursing
Respite Services
Renal Program/Dialysis, CRI
Speech Language Pathology (Child/Adult)
Volunteer Program
Wellness Clinics
Wound Care

Health Care Organization Relationships

SCHR funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for regional residents and community based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCHR provides operating funding to the following Health Care Organizations, in accordance with budget amounts approved annually:

- **SMILE Services in Estevan** (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
- **Weyburn Group Home Society** - encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
- **Canadian Mental Health Association** - Community Resource Centre in Weyburn and prevocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
- **Fillmore Ambulance Services**

SCHR has a close working relationship and operating agreements with the following three affiliate organizations:

- **St. Joseph's Hospital in Estevan** - 53 acute care beds, 34 long term care beds and four beds for convalescent, respite and palliative care.
- **Radville Marian Health Centre in Radville** - 49 long term care beds, three beds for convalescent, respite, palliative care, observation and assessment.
- **Sunset Haven in Carnduff** - 39 long term care beds, one bed for convalescent, respite and palliative care.

Governance

The role of SCRHA is to govern the organization to fulfill the Mission and Vision of the organization.

The Regional Health Authority is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.

Collectively, the job of SCRHA, which cannot be delegated, is to:

- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
- Provide SCRHA highlights to the public following regularly scheduled meetings.
- Hold open RHA meetings for public attendance.

SCRHA will:

- Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or program means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address: the desired results; the boundaries of prudence and ethics; SCRHA roles and responsibilities and the Board-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence.
- Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective implementation of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the RHA's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

Sun Country Regional Health Authority

SCRHA consists of up to 10 individuals from various communities within the SCHR who are appointed by the provincial government. The following members were appointed/reappointed in May 2012:

Marilyn Charlton, Chair; Lori Carr, Vice Chair; Alan Arthur; Sharon Bauche; Robert Brickley; Vernon Palmer; Derrell Rodine; Gary St. Onge; Karen Stephenson; Audrey Trombley; Vernon Palmer (resigned December 2012)

Committee Structure

The committees of the RHA exist to assist in decision-making to carry out their responsibilities. The RHA has three standing committees: the Committee of the Whole, the Governance and Human Resources Committee, and the Finance and Audit Committee. The Finance and Audit Committee oversees the management of all funds, in accordance with Saskatchewan government guidelines and Generally Accepted Accounting Principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The President/CEO or designate provides administrative support to facilitate the work of the Committees. Minutes of the meeting are distributed to all members of the RHA. Minutes of the committee meetings are maintained with RHA minutes. The committees report to the RHA by submitting minutes for approval.

Public Transparency

Maintaining public transparency is a priority. Significant achievements include:

- Community Leadership Network, made up of the SCRHA and community leaders such as elected municipal officials, to meet twice each year, initiated in the spring of 2012.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the organization and services offered.
- Access to the annual report, online and in hard copy.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Regular meetings of the Regional Health Authority (RHA) are open to the public.

What We Do

A key role of SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. SCRHA ensures the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to meet expectations in the Strategic Plan.

Standards of Conduct, Ethics and Values

SCHR operates within high standards of care, ethics and values. This high standard requires a continuous evaluation of programs and operations:

- SCHR employs staff members who follow regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration requirements with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Accreditation Canada process for health services organizations by comparing ourselves to nationally accepted standards.
- SCHR's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCHR's management philosophy promotes collaborative decision-making and cooperation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Health Advisory Networks

SCHR has established working relationships with community-based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Network to accomplish the activities envisioned for the Health Advisory Networks.

SCHR has built relationships with such organizations as the following:

- **Bengough Health Advisory Committee**
- **Borderline Housing Company (1975) Inc.**
- **Coronach Health Advisory Committee**
- **Coronach Health Foundation**
- **The Radville and District Health Centre Foundation**
- **Fillmore Community Health Advisory Committee**
- **Fillmore Health Centre Trust Committee**
- **Gainsborough & Area Health Centre Trust Committee**
- **Galloway Trust Committee**

- Golden Years Suites
- Kipling District Health Foundation
- Lampman Community Health Centre Trust Committee
- Mainprize Manor & Health Centre Trust Committee
- Maryfield Community Non-Profit Corporation
- Moose Mountain Lodge Foundation
- Pangman Health Advisory Committee
- Radville Marian Health Centre Board of Directors
- Redvers & District Community Health Foundation Inc.
- St. Joseph's Hospital Foundation
- St. Joseph's Hospital in Estevan Board of Directors
- Wawota Health Care Foundation Inc.
- Weyburn and District Hospital Foundation Inc.
- Hearthstone Community Campaign Committee, Estevan
- Community Leadership Network (4 sections).

Demographics

Selected demographic indicators

There are a number of demographic factors that influence both the health status of residents and also impact service delivery in Sun Country Health Region:

Increasing population

There are 56,890 individuals residing in the Sun Country Health Region (2012 Saskatchewan Covered Population), who represent 5.2 per cent of the total provincial population. The SCHR population has increased 4.4 per cent from 2009 while the over-all population of Saskatchewan increased 4.6 per cent over the same time period (see Table 1).

Table 1 - SCHR and Saskatchewan Total Population Comparison, 2009-2012

Covered Population	2009	2010	2011	2012	Change (2011 to 2012)	Percent Change (2011 to 2012)
Saskatchewan	1,036,284	1,070,477	1,084,127	1,090,950	6,823	0.63
SCHR	54,138	55,144	56,529	56,890	361	0.64

Source: Saskatchewan Ministry of Health Covered Population 2012

In 2010, the projected population for the Region in 2015 was 56,391 (Saskatchewan Ministry of Health, 2010).

Older and aging population

In 2012, 42.5 per cent of the SCHR population was over 45 years of age, compared to 40.6 per cent for the province. Over the last six years, the 45 to 64 year age group has continued to be the age group with the largest population, followed closely by the 25 to 44 age group bracket (see Figure 1).

The elderly population (aged 65 and older) decreased by three people (0.03 per cent) in 2012 from 2011 (see Table 2). Sixteen per cent (9,182) of the SCHR population is over the age of 65.

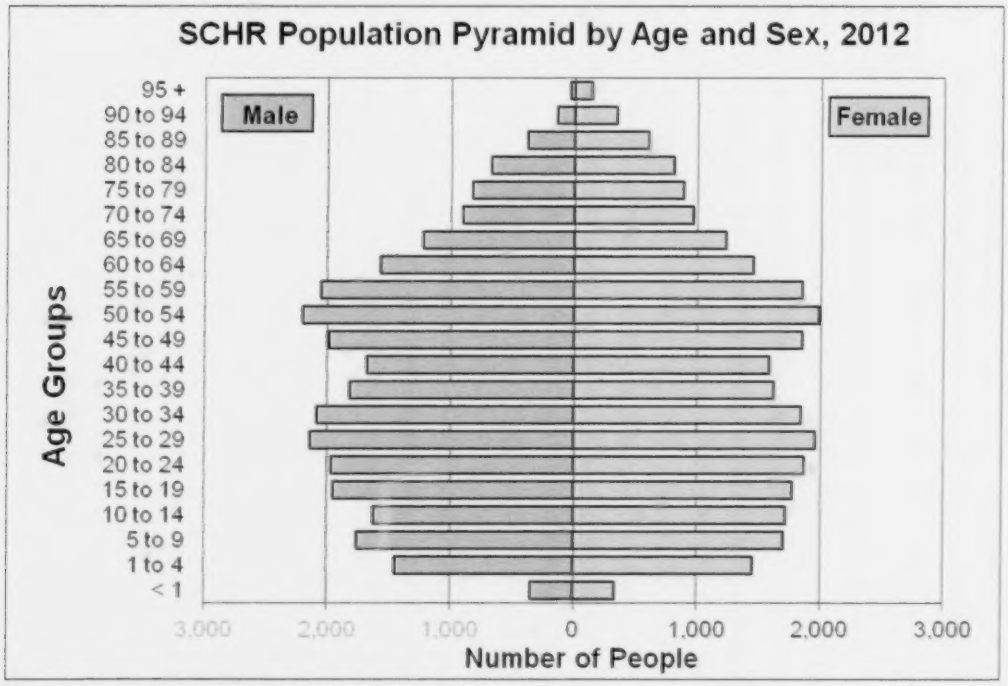


Figure 1: SCHR Population Pyramid, 2012
Source: Saskatchewan Ministry of Health Covered Population 2012

The 2012 population in the 45- 54 age group declined to 8,042 from 8,258 in 2011 and has experienced a consistent decline in the last three years. According to projected population reports, it is expected to decline further by 2015 but then begins to increase again in the next decade.

Key Facts:

Between 2008 and 2012, the population of SCHR increased by 5.3 per cent. The provincial population increased by 5.4 per cent over the same time period. The 2012 SCHR population is 2.98 per cent lower than the peak population of 58,635 in 1999. Males make up 51 per cent of the Region's population.

Table 2 - SCHR and Saskatchewan Elderly Population Comparison, 2009-2012

Elderly Population 65 Years of Age and Older	2009	2010	2011	2012	Change (2011 and 2012)	Percent Change (2011 and 2012)
Saskatchewan	150,276	152,385	156,996	157,239	243	0.15
SCHR	9,175	9,148	9,185	9,182	-3	-0.03

Source: Saskatchewan Ministry of Health Covered Population 2012

Youth population

In 2012, the proportion of the population in the five to 14 year age group increased by 0.52 per cent (n=35) from 2011. The proportion of the 15 to 24 year age group population increased from 7,414 in 2009 to 7,688 in 2011, then dropped again in 2012 to 7,576. This age group represents 13.3 per cent of the total SCHR population.

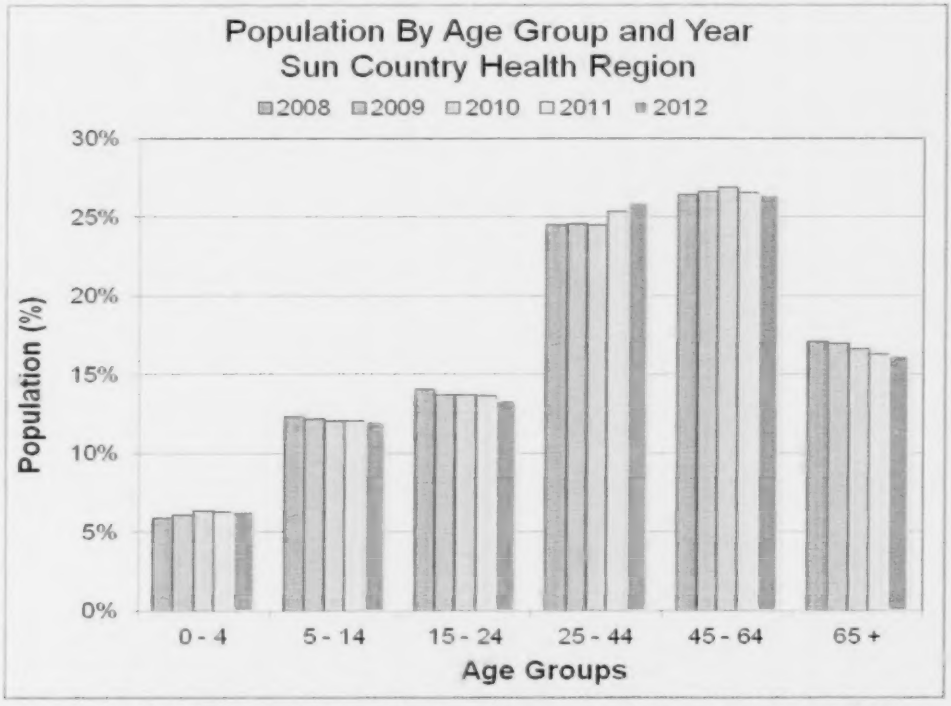


Figure 2: SCHR Population by Age Group and Year, 2008 to 2012
Source: Saskatchewan Ministry of Health Covered Population 2012

Widely dispersed population

Travel for health services (particularly for specialized services but also for primary care services) in SCHR is often required, with the Region's widely dispersed population. The travel time has generally improved due to the improved use of Telehealth services across the Region.

Primarily rural with two small urban centres (Weyburn and Estevan)

Forty-two per cent of SCHR residents live in the two cities. The remaining 58 per cent live in rural areas such as towns, villages, and on farms in rural municipalities (see Figure 3 and Table 3). There are 42 rural municipalities in the Region, 36 villages and 17 towns. The town with the most population is Oxbow (1,610) and the town with the least population is Alameda (491). The towns are mostly towards the eastern part of the Region.

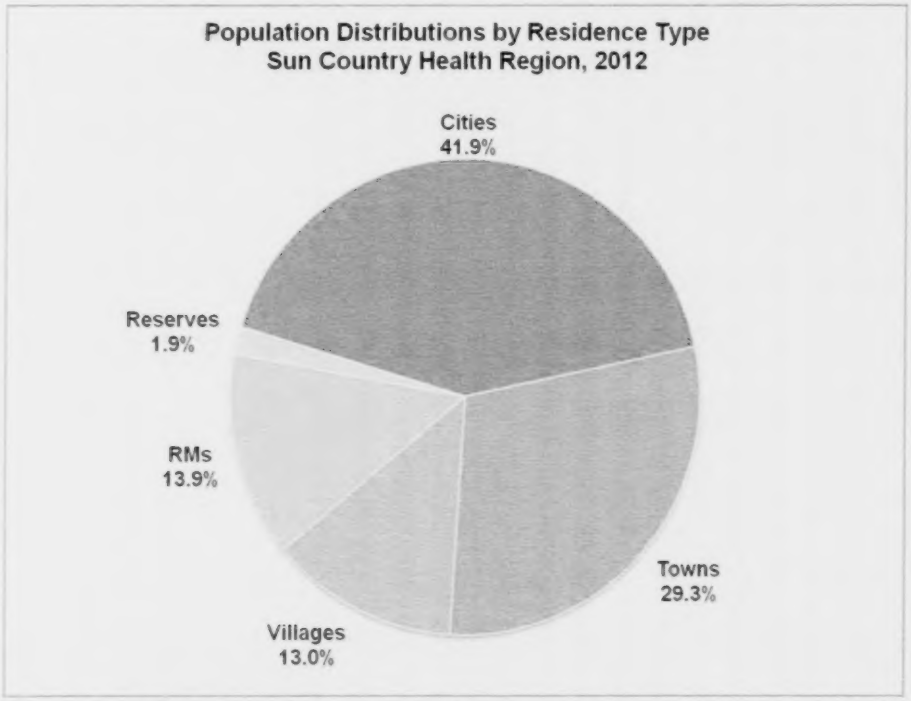


Figure 3: SCHR Population Distributions by Residence Type, 2012
Source: Saskatchewan Ministry of Health Covered Population 2012

Key facts:

18.3 per cent of SCHR's population is less than 15 years of age. 19 per cent of Saskatchewan's population is less than 15 years of age.

Table 3 - SCHR and Saskatchewan Population Comparison, 2012

Covered Population 2012	Saskatchewan (%)	SCHR (%)
Cities	**59%**	42%
Towns	6%	**29%**
Villages	8%	**13%**
RMs	18%	14%
Reserves	**9%**	2%
Total	100%	100%

Source: Saskatchewan Ministry of Health Covered Population 2012

The 2012 City of Weyburn population is 11,403 and the City of Estevan population is 12,444. The population of Estevan has increased by 1,774 since 2006 and the population of Weyburn has increased by 1,441 in the same time period.

The total population of both cities has decreased since 2010:

- Estevan population has decreased by 3.4 per cent
- Weyburn population has decreased by 3.2 per cent (see Figure 4).

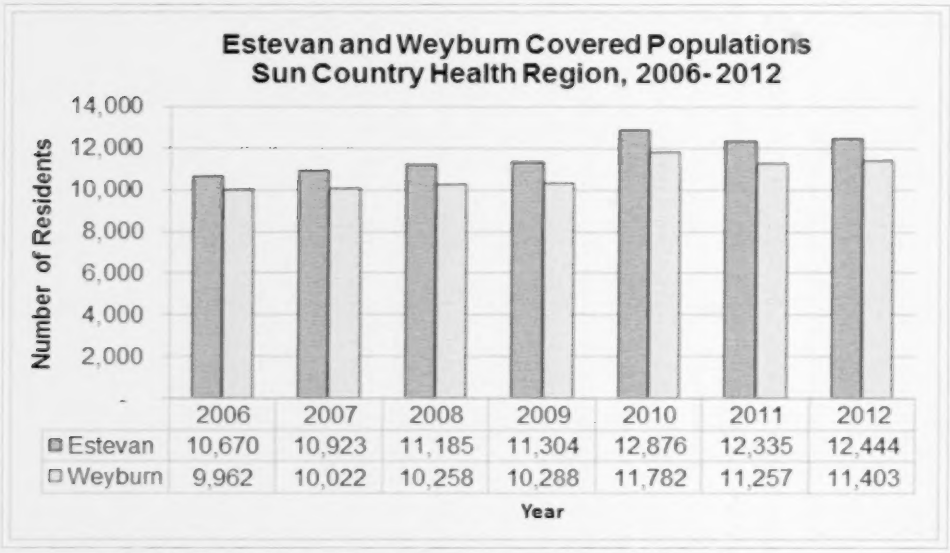


Figure 4: SCHR City Population Comparison, 2006-2012
Source: Saskatchewan Ministry of Health Covered Population 2012

Three First Nations Communities in SCHR

There are three First Nations communities in SCHR – White Bear First Nation (717), Ocean Man First Nation (185), and Pheasant Rump Nakota First Nation (153). The total population residing in these three communities is 1,055.

Decreasing dependency ratio

The Dependency Ratio is used to indicate the capacity of the working age population to support the more vulnerable populations (those less than 20 years of age and the elderly). Areas with high dependency ratios tend to be economically stressed as there are more people dependent relative to those people earning a wage.

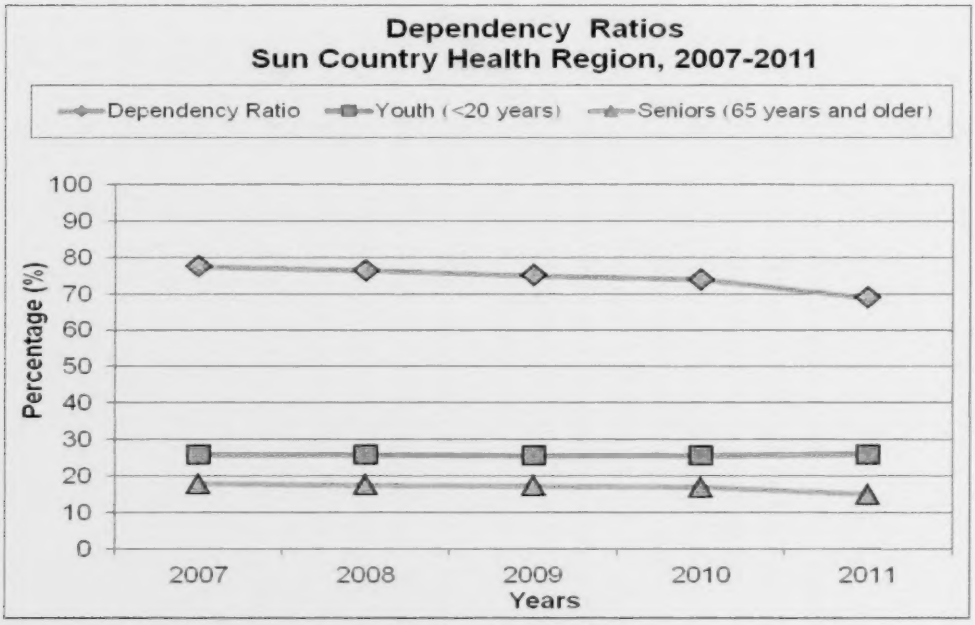


Figure 5: SCHR Dependency Ratios, 2006-2011
Source: Statistics Canada, Demography Division, Table 109-5226

The dependency ratios for SCHR declined from 78.6 per cent in 2006 to 68.9 per cent in 2011. The dependency ratios for Saskatchewan during the same time period declined from 72.4 per cent to 65.8 per cent.

> ***Key Fact:***
>
> 56 per cent of SCHR's population lives in rural locations.

As shown in Figure 5, the decline indicates that there is likely an improved capacity for the working age population to support the other members of the Region economically. Informal social support networks are vital and abundant in the Region but it may be increasingly difficult for those remaining in sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support, and other support.

Key Facts:

The over-all population of Registered Indians in SCHR (on- and off -reserve) is 1,447 for 2012. Registered Indians comprise 2.54 per cent of SCHR population compared to 10.28 per cent of the Saskatchewan population.

Health Status

Generally, the health status of Sun Country Health Region is positive. The SCHR and Saskatchewan health status indicators are similar. Life expectancy at age 65 years for SCHR is 20.0 years and 19.7 years for Saskatchewan; the national rate of 20.2 years is the highest.

The covered population provided by the Ministry of Health counts persons who are registered for provincial health coverage. The Royal Canadian Mounted Police, members of the Canadian Armed Forces, members of and inmates of federal prisons (all of whom are covered by the federal government) and people not yet meeting the residency requirement are not counted; coverage begins on the first day of the third calendar month following their move to Saskatchewan.

Residents of Saskatchewan who have moved to other provinces remain eligible for coverage for the same period, and anyone whose coverage extends through June of the year of interest, (i.e. who left the province April 1, or later) is included in the report. In the case of death, people who had coverage any time in June are included.

Selected Health Status Indicators

Life Expectancy

In 2009, the life expectancy at birth in SCHR was 78.3 years for males and 83.2 years for females. This is higher than the Saskatchewan figure of 77 years for males and 82.1 years for females. The Canadian life expectancy is 78.8 years for males and 83.3 years for females.

Life expectancy at age 65 years for SCHR is 20.0 years which is higher than the Saskatchewan life expectancy of 19.7 years. The national rate is 20.2 years (Statistics Canada, Canadian Vital Statistics, 2007/2009).

Infant Mortality

Historically, the infant mortality rate (IMR) in SCHR has been comparable to that of the province. The rates vary significantly because of the small number of infant deaths per year.

Leading Causes of Death

Circulatory diseases (162.9 per 100,000), all cancers (152.2 per 100,000) and ischemic heart diseases (81.9 per 100,000) are the leading causes of death reported for SCHR for 2007. Similarly, Saskatchewan had a rate of 176.4 deaths from circulatory disease per 100,000 people, 161.4 per 100,000 for cancers and 91.3 per 100,000 for ischemic heart diseases.

The rate of death from respiratory diseases was 41.2 per 100,000 in SCHR compared to 47.4 per 100,000 for Saskatchewan (Statistics Canada 2005/2007).

Chronic Diseases

Cardiovascular and Cerebrovascular Disease (CVD)

Risk factors for cardiovascular and cerebrovascular disease include unhealthy diet, physical inactivity, and tobacco use. (Cerebrovascular disease is disease of the arteries that supply the brain. Cerebrovascular disease is usually caused by artherosclerosis and can lead to a stroke.) Behavioral risk factors are believed to be responsible for about 80 per cent of coronary heart disease and cerebrovascular disease. The social determinants of health also have an impact on CVD.

The acute myocardial infarction (AMI) hospitalization rate for 2010/2011 in SCHR was 158 per 100,000 population compared to 209 for Saskatchewan and Canada.

The stroke hospitalization rate in SCHR was 112 per 100,000 compared to 128 for Saskatchewan and 124 for Canada (see Figure 6).

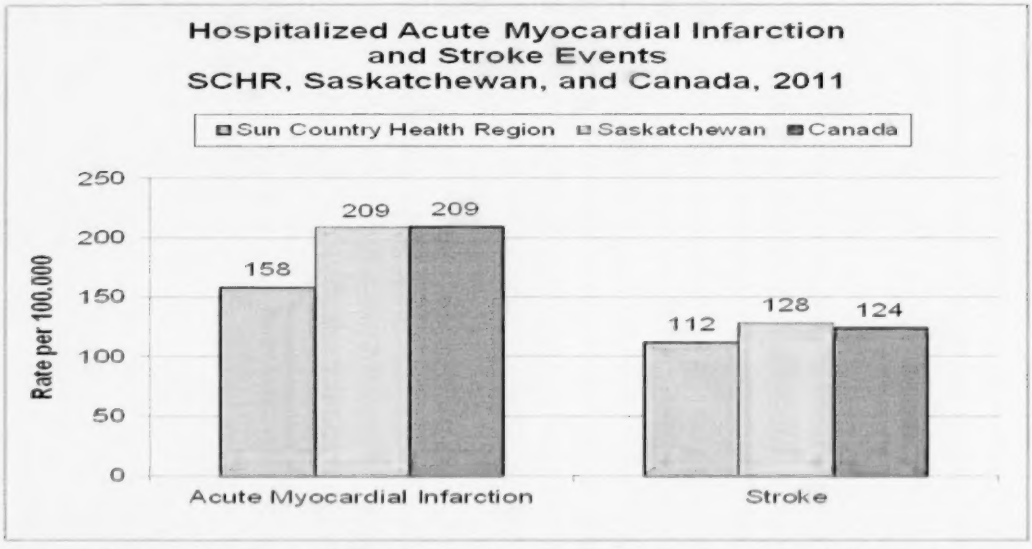


Figure 6: Hospitalized AMI (Acute Myocardial Infarction) and Stroke Events for SCHR, Saskatchewan, and Canada, 2011

Source: CIHI, (DAD), April 1, 2010 to March 31, 2011

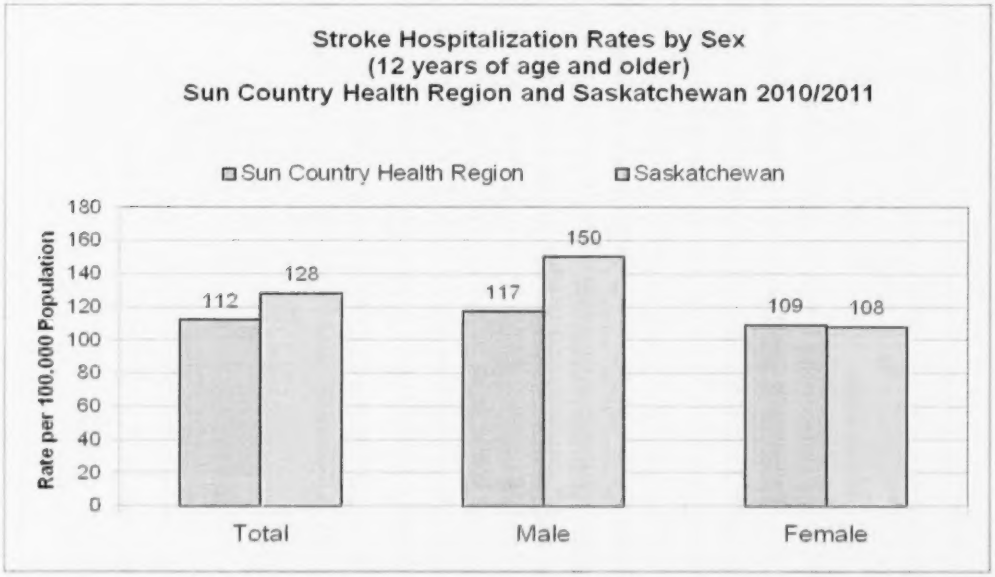


Figure 7: Stroke Hospitalizations by Sex, SCHR and Saskatchewan 2010
Source: Statistics Canada 2010/2011, Health Profile

Arthritis

Rates of arthritis for SCHR and Saskatchewan were 16.8 per cent and 18.8 per cent respectively in 2010. The 2009 rates were 17.8 per cent and 18.1 per cent for the Region and Saskatchewan respectively.

The national rate was 12.2 per cent for 2010, which is a decrease from 15 per cent in 2008 and 2009.

Diabetes

In 2010, 4.5 per cent of SCHR residents were diagnosed with diabetes. This is lower than the provincial rate of 6.4 per cent (see Figure 8).

Asthma

The proportion of SCHR residents diagnosed with asthma declined from 9.1 per cent in 2008 to 8.8 per cent in 2010. The province reported that nine per cent and 8.6 per cent of the Saskatchewan population in 2009 and 2010 respectively were diagnosed with asthma. In Canada, there was an increase from 8.1 per cent in 2009 to 8.3 per cent in 2010.

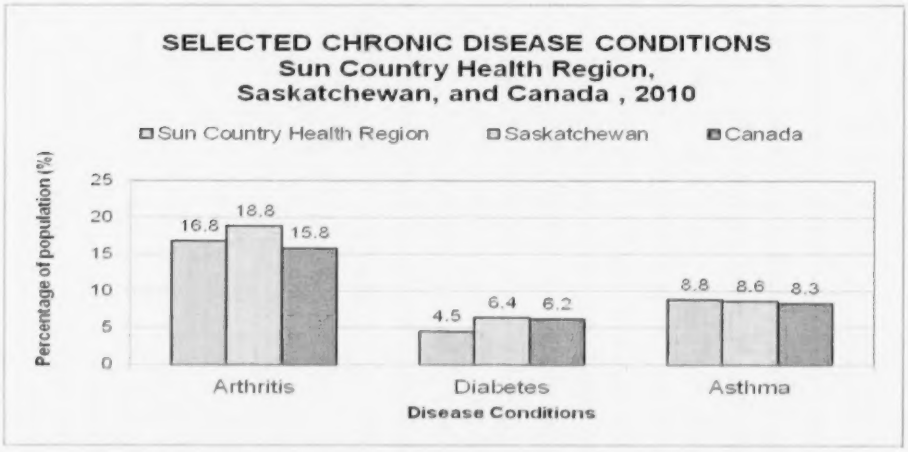


Figure 8: Selected Chronic Disease Conditions for SCHR, Saskatchewan and Canada 2010 Source: Statistics Canada 2009/2010, Health Profile

High Blood Pressure

Figure 9 shows that 19.1 per cent of residents in SCHR self-reported high blood pressure compared to the Saskatchewan rate of 18.2 per cent and 17 per cent for Canada (Statistics Canada 2009/2010).

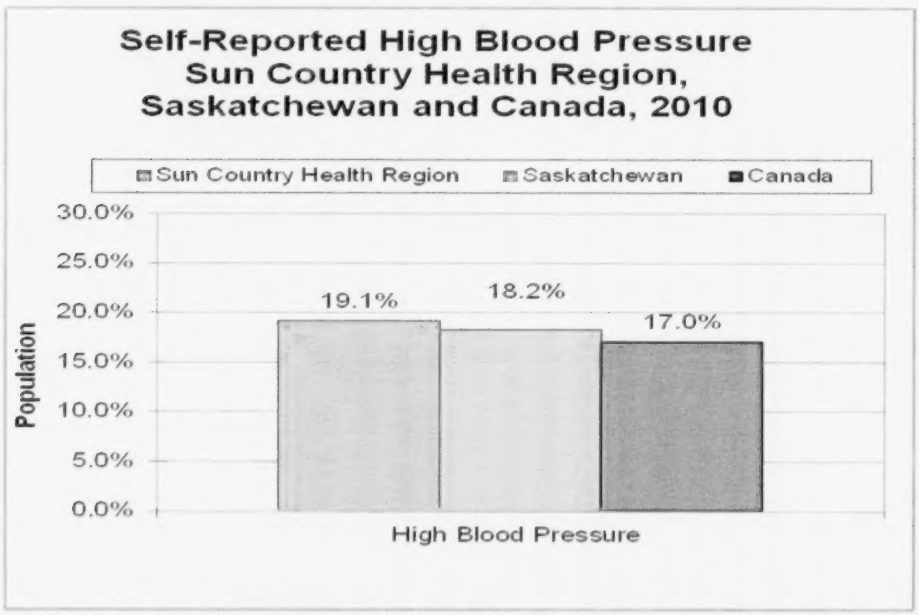


Figure 9: Self-Reported High Blood Pressure for SCHR, Saskatchewan & Canada, 2010 Source: Statistics Canada, 2010

Percentage of Population who are Overweight or Obese

Body mass index (BMI) is a method of classifying body weight that can be used for health risk assessment.

In SCHR, in 2010, the percentage of the adult population identified as overweight (BMI = 25 to 29.99) was 35.4 per cent. This is a 4.2 per cent increase from the 2009 rate of 31.2 per cent.

The 2010 Saskatchewan rate is 37 per cent, which is 0.7 per cent higher than the 2009 rate of 36.3 per cent. There was a decrease in the proportion of adults reporting obesity (BMI = 30 to 34.99) from 26.1 per cent in 2009 to 25.4 per cent in 2010.

The Canadian rates are 33.9 per cent (overweight) and 18 per cent (obese) for 2010. This is slightly higher than the 2009 rates of 33.7 per cent (overweight) and 17.9 per cent (Obese). (Source: 2010 CCHS, Statistics Canada).

Community Health in SCHR continues a number of initiatives as part of a process to address childhood obesity and the determinants of health that have an impact on body weight. In 2011, Public Health Nurses completed a project to establish a baseline for the assessment of childhood obesity using Body Mass Index (BMI) and BMI percentiles (baseline) in children at the pre-school visit. Just under 20 per cent of the total population of four year old children (139 children) in SCHR were assessed.

For male children four years of age, the prevalence of risk of overweight was 17.8 per cent and for female children it was 10.6 per cent. The prevalence of obesity was 2.16.

Public Health Nurses are now participating in a province-wide initiative to assess obesity and overweight in four year olds. The Region will have updated prevalence figures at the end of 2013 and provincial rates to compare with the SCHR figures.

Ambulatory Care-Sensitive Conditions

The age-standardized inpatient hospitalization rate for ambulatory care-sensitive conditions (conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital) is considered to be an indirect measure of access to appropriate primary health care. The 2010/2011 acute care hospitalization rate for ambulatory care sensitive conditions for SCHR was 520 acute care hospitalizations per 100,000. This is lower than the 2009/2010 rate (641 acute care hospitalizations per 100,000).

The SCHR rate is higher than the rates for Saskatchewan and Canada (see Figure 10), 478 and 299 hospitalizations per 100,000 respectively (CIHI, DAD 2010-2011).

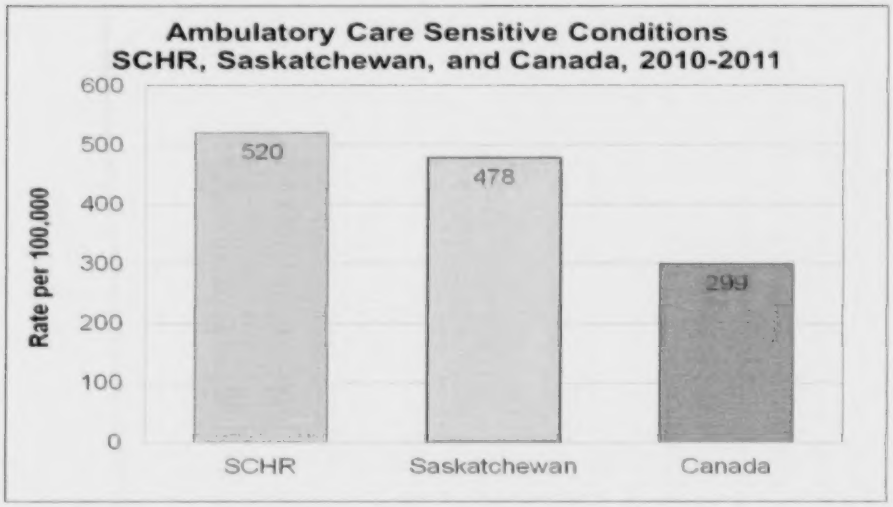


Figure 10: Ambulatory Care Sensitive Conditions, SCHR, Saskatchewan and Canada, 2010-2011 Source: CIHI, Health Indicators, 2012

Self-reported Health Behaviours

Smoking

The proportion of residents who are daily smokers in SCHR in 2010 was 24.3 per cent. This is a 0.8 per cent decrease from 2009 (25.1 per cent). The provincial and national rates are 17.9 per cent and 15.6 per cent respectively.

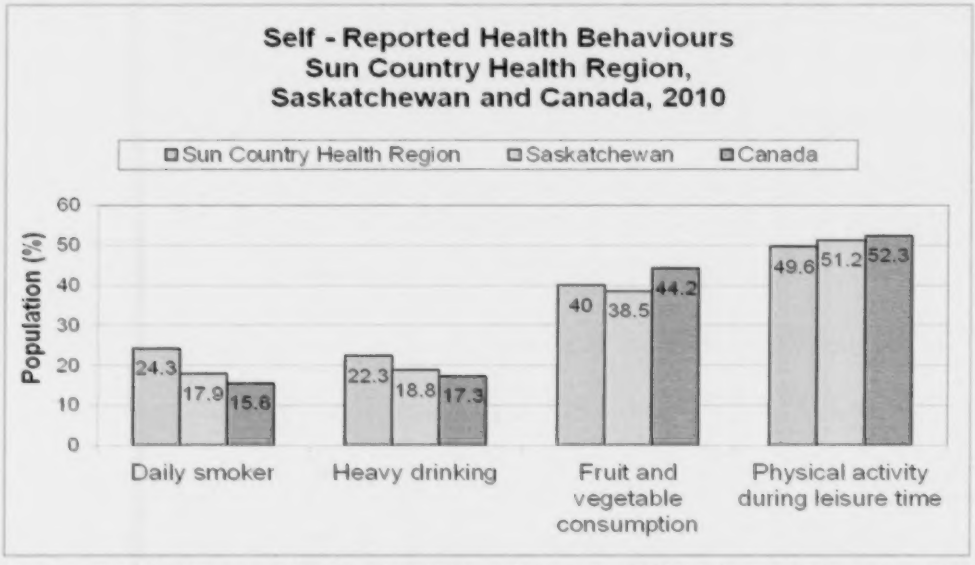


Figure 11: Self-reported Health Behaviours in SCHR, Saskatchewan & Canada, 2010 Source: Statistics Canada, 2010

Heavy Drinking

The proportion of SCHR residents who are heavy drinkers (22.3 per cent) is higher than the Saskatchewan and Canadian rates of 18.8 per cent and 17.3 per cent respectively (2010 CCHS).

Fruit and vegetable consumption

40 per cent of the SCHR population consumes fruit and vegetables five times or more every day (2010 CCHS). This is higher than the Saskatchewan rate (38.5 per cent) but lower than the Canadian rate (44.2 per cent).

Physical activity during leisure time

In SCHR, 49.6 per cent of residents engage in moderately active or active physical activity during leisure time with 51.2 per cent in Saskatchewan and 52.3 per cent in Canada (2010 CCHS).

Home Care

Residents who utilize the home care service have varying degrees of short and long-term illness or disability and support needs. A total of 3,609 clients received home care service in 2012 and 3,066 clients received home care services in 2010/2011, a 16 per cent increase from the total number of clients in 2009/2010 (2,643). The majority of home care clients are in the 80-89 year age group at 37 per cent (1,130). The lowest proportion of home care clients are in the 0-19 age group at 1.3 per cent.

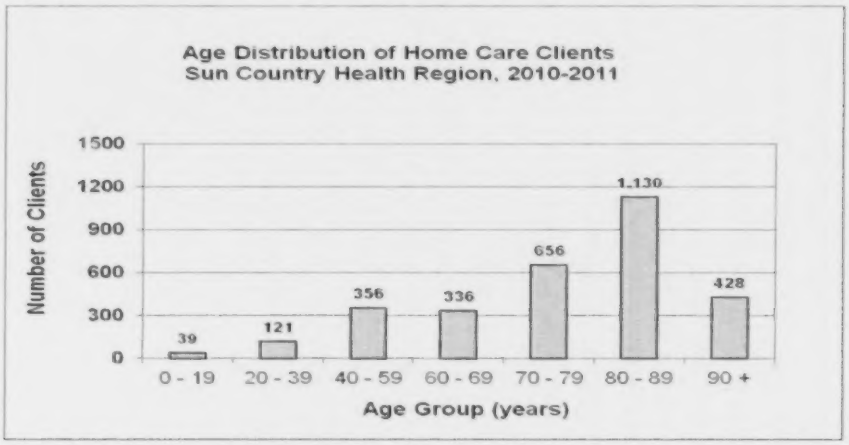


Figure 12: SCHR Age Distribution of Home Care Clients, 2010-2011
Source: eHealth, Saskatchewan

Mental Health

SCHR provides diagnostic and treatment services to mentally ill clients to restore their capacity to live in the community.

In 2010/2011, mood disorders, schizophrenia and other psychotic disorders were the most common mental illnesses (see Figure 13). Schizophrenia and other psychotic disorders were the most common mental illnesses diagnosed in the Region in 2009/2010.

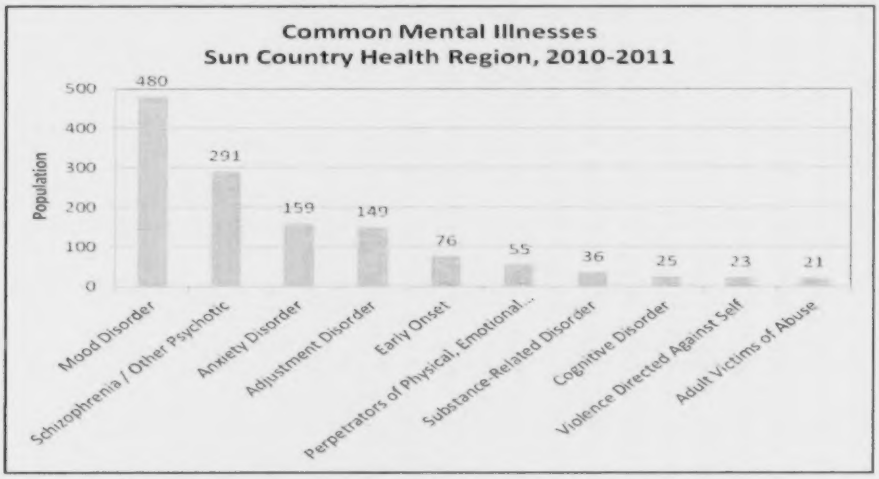


Figure 13: SCHR Common Mental Illnesses, 2010-2011
Source: Health Information Management, SCHR

The 50 - 59 years age group had the highest number of clients seeking mental health services in the Region (see Figure 14).

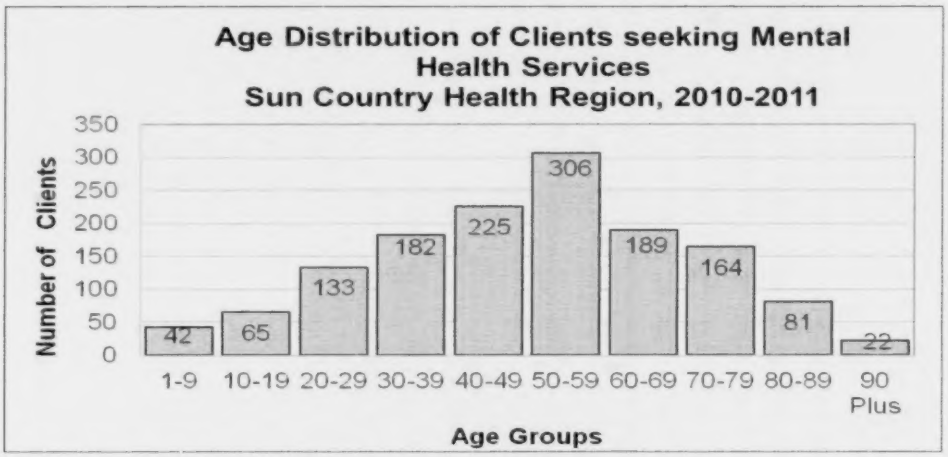


Figure 14: SCHR Age Distribution of Clients seeking Mental Health Services, 2010-2011 Source: Health Information Management, SCHR

In 2010/2011, the SCHR mental illness hospitalization rate was lower than the Saskatchewan rate of 601 per 100,000 but higher than Canada's rate of 467 (see Figure 15).

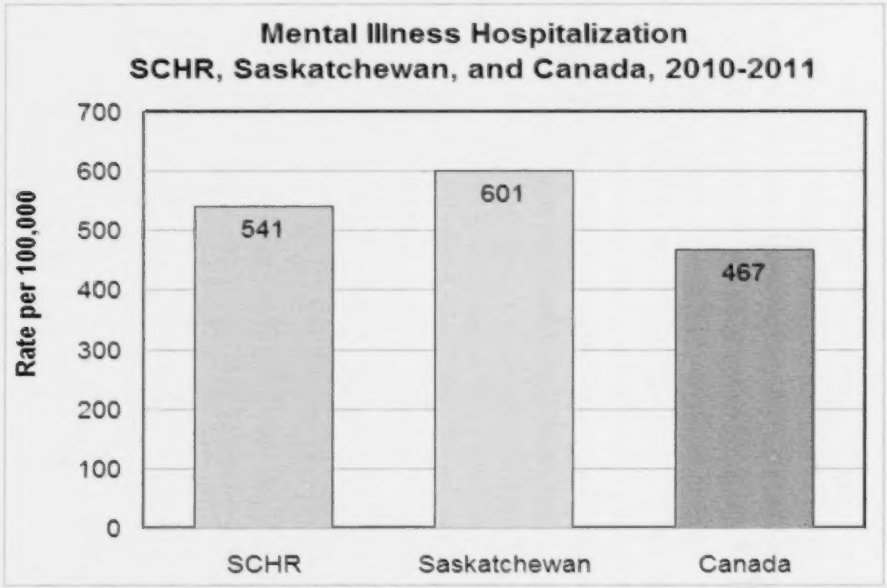


Figure 15: Mental Illness Hospitalization, SCHR, Saskatchewan, and Canada, 2010-2011 Source: CIHI, Health Indicators, 2012

Males in SCHR utilize the alcohol and drug services more than twice as often as females. Similarly, the male population utilizes the alcohol and drug services more than twice as often as the female population (Saskatchewan data; see Figures 16 and 17).

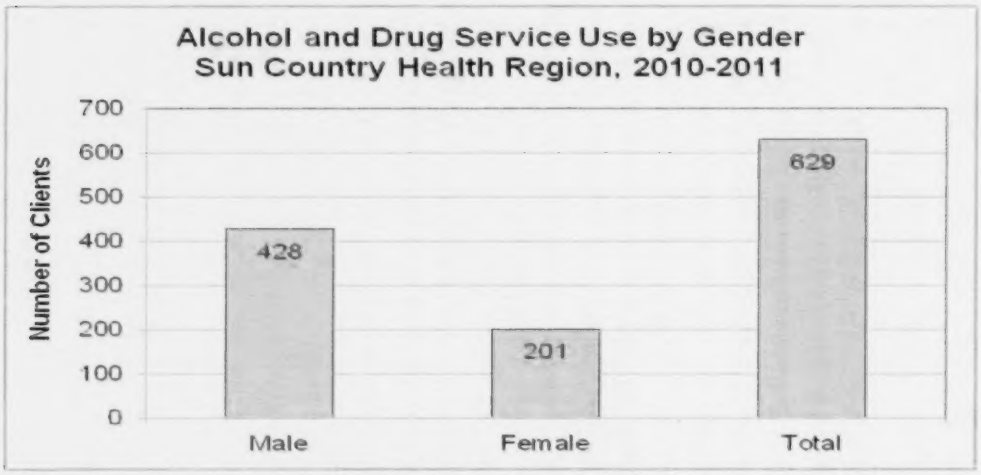


Figure 16: Alcohol and Drug Service Use by Gender in SCHR, 2010-2011
Source: Saskatchewan Ministry of Health

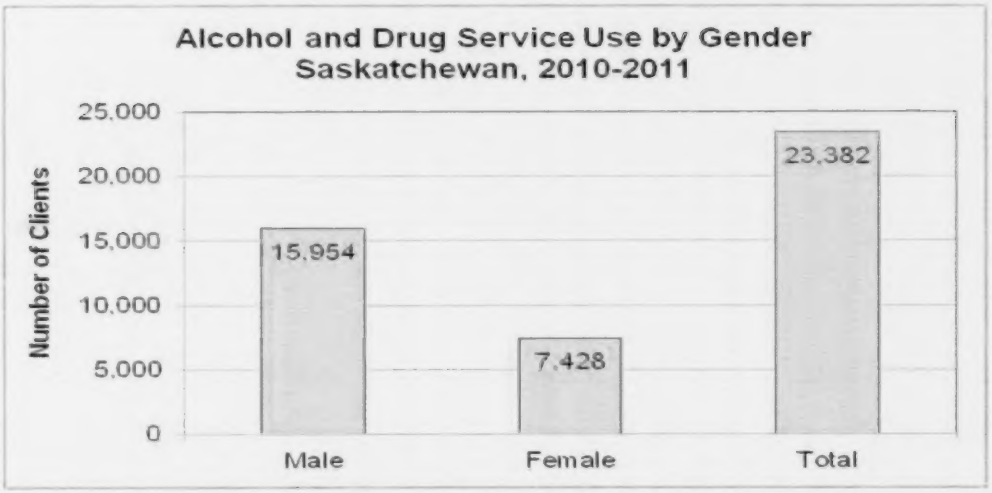


Figure 17: Alcohol and Drug Service Use by Gender in Saskatchewan, 2010-2011 Source: Saskatchewan Ministry of Health

The mortality rate for suicides and self-inflicted injuries in SCHR (13.9 per cent) during 2005 to 2007 was higher than the provincial and national average (11.2 per cent and 10.2 per cent).

Self-Reported Health Indicators

Self-reported health indicators reflect an individual's perceived health. These indicators complement other health status indicators (HRSDC, 2008).

Life Satisfaction

Life satisfaction measures how people evaluate their life as a whole rather than their current feelings (OECD Better Life Index). The percentage of people in SCHR who indicate that they are satisfied or very satisfied with their life was 92.7 per cent in 2010 compared to 93.8 per cent in 2009. That compares to 93 per cent in Saskatchewan and 92.1 per cent in Canada (Statistics Canada, CCHS, 2010).

Sense of Belonging

Research shows a high correlation between a sense of community-belonging and physical and mental health. In 2010, 77.1 per cent of SCHR residents reported their sense of belonging to their local community as being very strong or somewhat strong. That is above the Canadian rate of 65.4 per cent and higher than the Saskatchewan rate, 71.4 per cent.

The SCHR rate in 2009 was 76.6 per cent (Statistics Canada, CCHS, 2010).

Regular Medical Doctor

In 2010, 80.7 per cent of SCHR residents reported having a regular family doctor. This is lower than the 2009 rate of 83.6 per cent but higher than the 2010 rate of 77.9 per cent. In Saskatchewan, there was a decrease to 83.9 per cent from 84.5 per cent, while the national rate is 84.8 per cent (HQC, 2010).

Sense of Well-being

In 2010, the percentage of residents in SCHR who perceived themselves to be in good or excellent health was 55.8 per cent (an increase of 2.5 per cent from 53.3 per cent in 2009). That is compared to 58.1 per cent in Saskatchewan and 60.3 per cent in Canada.

There was also an increase of 4.5 per cent in the proportion of SCHR residents who perceived themselves to have good or excellent mental health; 73.2 per cent in 2010 compared to 68.7 per cent in 2009. That is compared to 71.5 per cent in Saskatchewan and 73.9 per cent in Canada.

The SCHR population aged 15 and over who reported that most days were quite a bit or extremely stressful—referring to perceived life stress—was 19.9 per cent. That compares to 19.2 per cent in Saskatchewan and 23.4 per cent in Canada.

Selected Rates of Self-reported Diseases

There was a decrease in the proportion of SCHR residents who reported high blood pressure and arthritis from 20.9 per cent and 17.8 per cent in 2009 to 19.1 per cent and 16.8 per cent respectively in 2010. The Saskatchewan rates are 18.2 per cent and 18.8 per cent respectively.

Additional Health Status Indicators

- Over 80 per cent of SCHR residents reported very good or excellent functional health in 2010 compared to 79.6 per cent of Saskatchewan residents. This is an increase of 0.5 per cent and 0.2 per cent respectively from 2009.

- SCHR rates for adult obesity (25.4 per cent) are slightly higher than the Saskatchewan rate (21.7 per cent), while physical inactivity (44.8 per cent) and pain that prevent activities (10.4 per cent) rates for SCHR are lower than the provincial rates.

- The rates of those currently smoking are also higher in SCHR (27.5 per cent) compared to Saskatchewan (22.8 per cent).

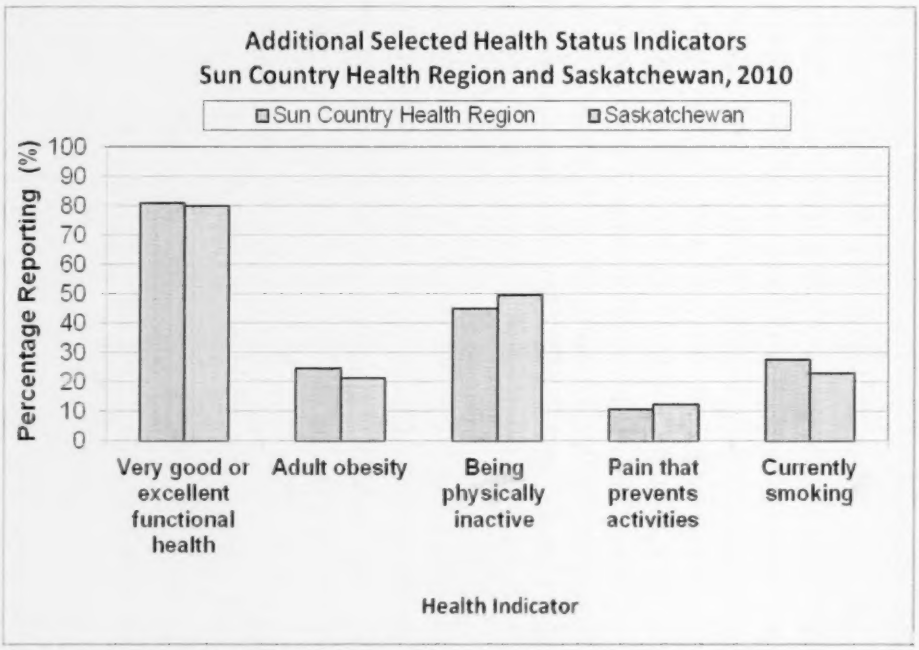


Figure 18: Health Status Indicators, SCHR and Saskatchewan, 2010
Source: Health Quality Council, 2010 Report

Injuries

The injury hospitalization rate indicates the incidence of injuries serious enough to require hospital admission. These injuries are more likely to result in surgical intervention (HQC).

SCHR's rate of self injury hospitalizations is 88 per 100,000 in comparison to Saskatchewan at 85 and Canada at 66 (see Figure 19).

In 2010/2011, the over-all injury hospitalization rate in SCHR was 1,061 per 100,000 (CIHI, 2012).

The Saskatchewan rate was much lower at 772 per 100,000 and Canada's rate was 514 per 100,000 (see Figure 20).

Figure 19: Self Injury Hospitalizations, SCHR, Saskatchewan, and Canada, 2010-2011 Source: CIHI, Health Indicators, 2011

Figure 20: Injury Hospitalization, SCHR, Saskatchewan and Canada, 2010-2011
Source: CIHI, Health Indicators, 2011

Deaths due to Cancer

Cancers are one of the leading causes of death in SCHR, accounting for 152.2 deaths per 100,000 population in the Region. Among the selected cancers, lung cancer deaths has the highest rate, Region-wide (45.5 per 100,000), province-wide (40.5 per 100,000) and nation-wide (45.4 per 100,000).

Mortality Indicators

Potentially Avoidable Mortality

These are deaths before the age of 75 years that could potentially have been avoided through all levels of prevention (primary, secondary, tertiary). It refers to untimely deaths that should not occur in the presence of timely and effective health care or public health practices, programs, and policy interventions. (CIHI, 2012)

The SCHR rate is 197 per 100,000. This is lower in comparison to Saskatchewan at 222, but higher than for Canada at 187.

Avoidable Mortality from Preventable Causes

This is a subset of the potentially avoidable mortality category and represents deaths before the age of 75 years that could potentially have been prevented through primary prevention efforts. (CIHI, 2012)

The SCHR rate was 128 per 100,000. This is lower than Saskatchewan rate of 142 but higher than Canada's rate of 120 (see Figure 21).

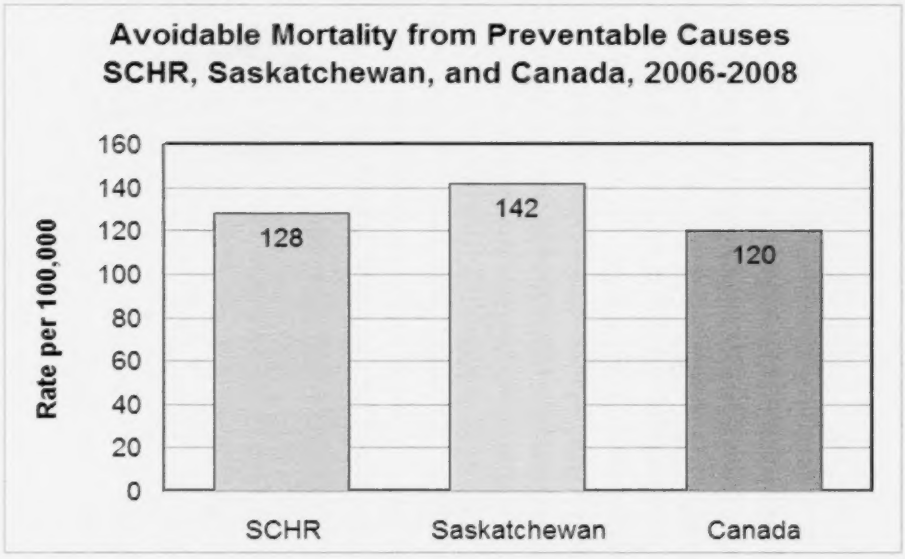


Figure 21: Avoidable Mortality from Preventable Causes, SCHR, Saskatchewan, and Canada, 2006-2008 Source: CIHI, Health Indicators, 2012

Avoidable Mortality from Treatable Causes

This is also a subset of the potentially avoidable mortality category and represents deaths before the age of 75 years that could potentially have been prevented through secondary or tertiary prevention. (CIHI, 2012)

SCHR rate was 68 per 100,000. This is lower than the Saskatchewan rate of 80 but higher than Canada's rate of 66 (see Figure 22).

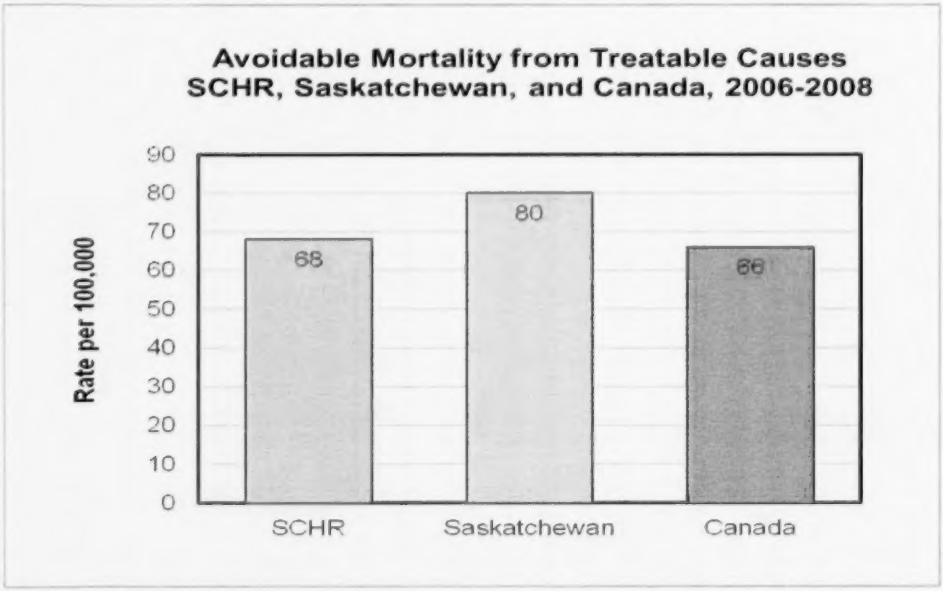


Figure 22: Avoidable Mortality from Treatable Causes, SCHR, Saskatchewan, and Canada, 2006-2008 Source: CIHI, Health Indicators, 2012

Premature Mortality

Premature deaths are those of individuals who are younger than 75 years of age. This is an over-all indicator of population health that reflects deaths at younger ages (CIHI, 2012). The SCHR rate is 274 per 100,000 which is higher than Canada's rate of 259 but lower than Saskatchewan's rate of 305 (see Figure 23).

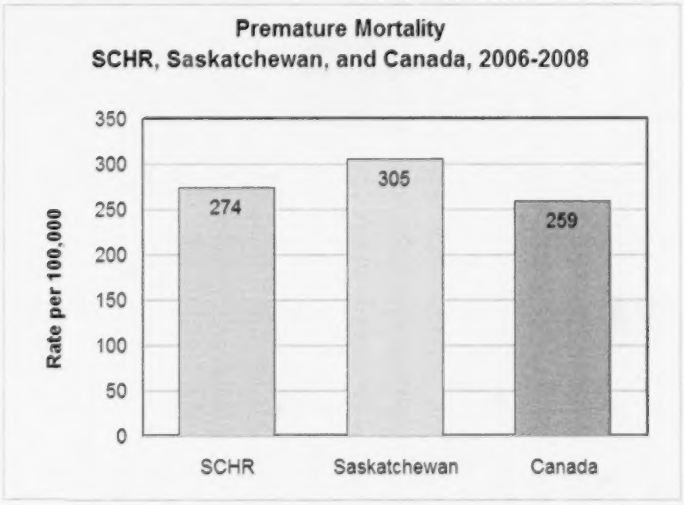


Figure 23: Premature Mortality, SCHR, Saskatchewan, and Canada, 2006-2008
Source: CIHI, Health Indicators, 2012

Exclusive breastfeeding rates

The rate of exclusive breastfeeding varies widely each month. It has been as high as 82.8 per cent and it has been below 45 per cent during three months in the past two years. The over-all trend shows a decline from January 2011 to December 2012.

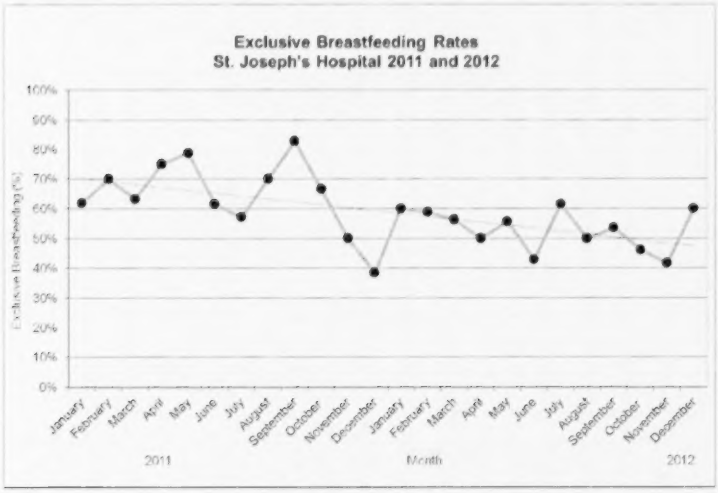


Figure 24: SCHR Exclusive Breastfeeding Rates, 2011 and 2012 Source: SJH, SCHR

Socioeconomic Determinants of Health

The health status of any population is determined by several factors besides the population's biological vulnerability to disease. The social and economic environment has a profound impact on health. The social determinants of health include income, education, family structure, food costs, employment, etc.

Unemployment

Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job (Public Health Agency, Canada). The SCHR unemployment rate increased (by 0.4 per cent) to 3.3 per cent in 2011 from 2.9 per cent in 2010.

In 2009, the unemployment rate for the Region was 3.8 per cent which was higher than the 2008 rate of two per cent. The Saskatchewan unemployment rate is currently five per cent. This has dropped from 5.2 per cent in 2010 (2011 Labour Force Survey, Statistics Canada). See Figure 25.

According to the 2006 census, SCHR has a lower proportion of persons living below the low income cut off than the rest of the province. 10.1 per cent of SCHR residents live below the cut off compared with 14.4 per cent for Saskatchewan and 15.3 per cent for Canada (2006 Census, Statistics Canada).

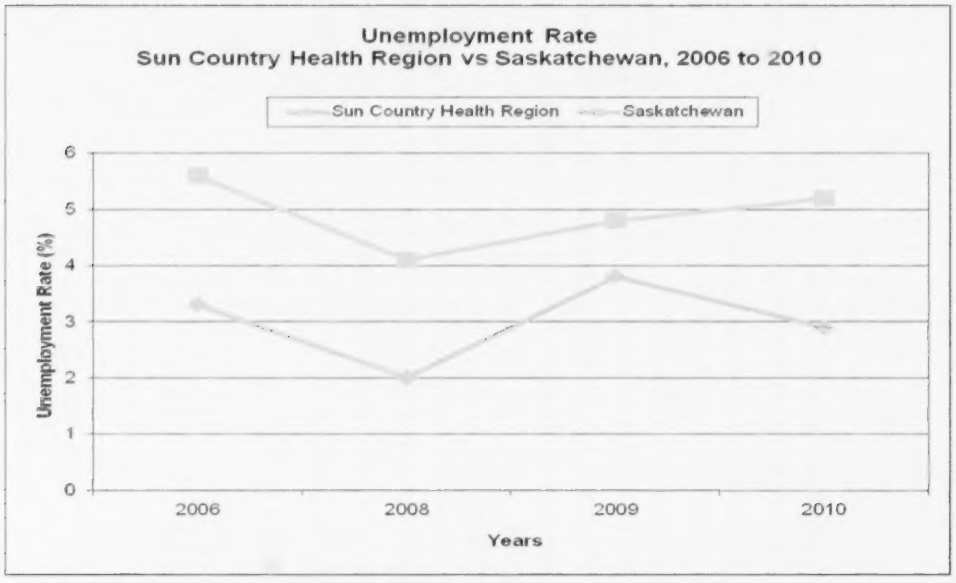


Figure 25: Unemployment Rate, SCHR vs. Saskatchewan, 2006 to 2010
Source: Labour Force Survey, Statistics Canada 2010

Other determinants

The proportion of low income persons or families and lone parent families in SCHR in 2006 was 10.1 per cent and 10.8 per cent respectively. This is lower than the Saskatchewan rates (14.4 per cent and 16.6 per cent respectively).

The national rates for low income are 15.3 per cent and 15.9 per cent for lone-parent families (2006 Census, Statistics Canada). SCHR (81.1 per cent) and Saskatchewan (80.8 per cent) have a very high proportion of high school graduates, while Canada (86.7 per cent) has the highest rate.

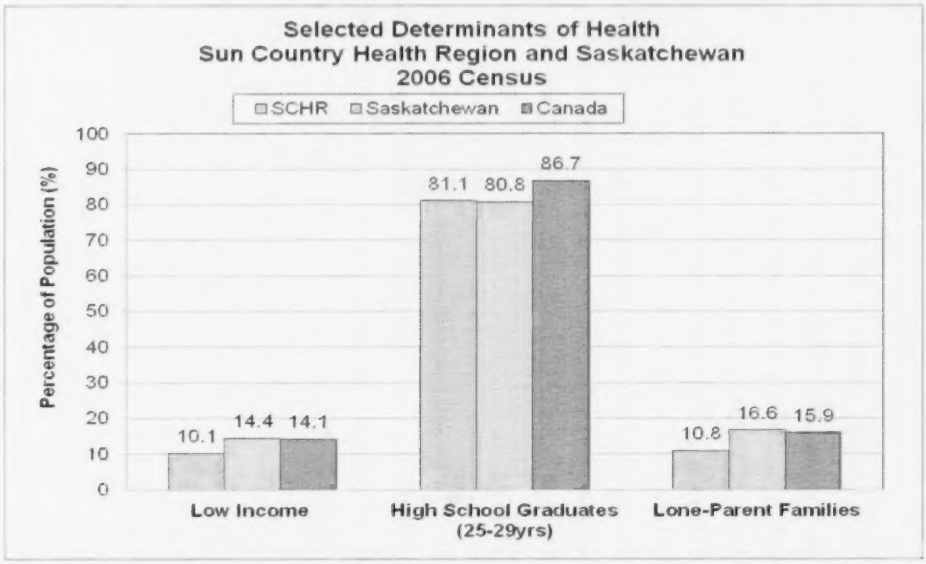


Figure 26: Selected Determinants of Health, SCHR & Saskatchewan, 2006 Census Source: Statistics Canada, 2006 Census

Communicable Diseases

Enteric Diseases

In 2012, 27 cases of notifiable enteric diseases (infectious diseases of the intestine) were reported in SCHR. Forty-three cases were reported in 2011.

Campylobacter (a bacteria that causes vomiting and diarrhea) was the most commonly reported disease – 10 cases or 37 per cent of the 27 cases. Salmonella was the second most commonly reported disease - five cases (18 per cent of the 27 cases).

The reported cases were distributed across all ages with six (22.2 per cent) of the 27 cases reported in children under the age of 10 and seven (25.9 per cent) cases in adults aged 65 years and older (see Figure 27).

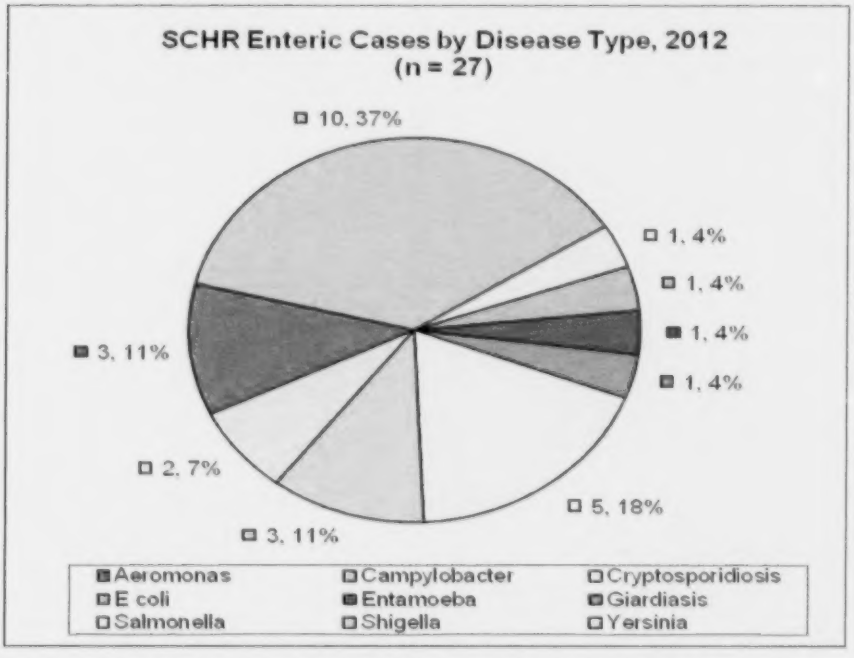


Figure 27: Notifiable Enteric Diseases in SCHR, 2011
Source: Public Health Office, SCHR

Thirteen (48 per cent) of the cases were male and 14 (52 per cent) of the cases were female (see Figure 28).

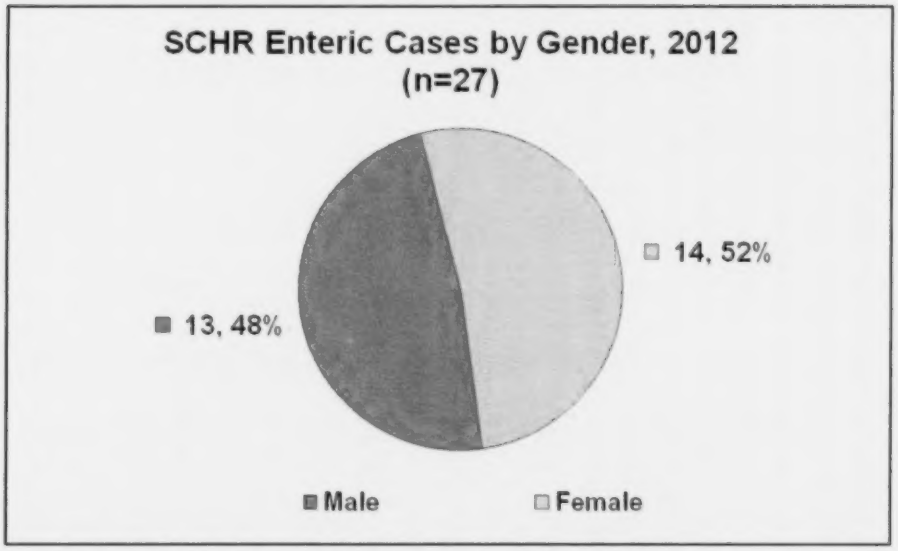


Figure 28: SCHR Enteric Cases by Gender, 2012
Source: Public Health Office, SCHR

Sexually Transmitted Diseases

In 2012, 106 cases of genital chlamydia were reported in SCHR. This is higher than the 79 cases reported in 2011 and the 78 reported in 2010.

In 2012, the over-all Chlamydia rate was 18.6 cases per 10,000.

In 2011, the over-all Chlamydia rate was 13.9 cases per 10,000.

50 (47 per cent) of the cases were male and 56 (53 per cent) of the cases were female. See Figure 29. In comparison to 2011, 32 (41 per cent) were male and 47 (59 per cent) of the cases were female.

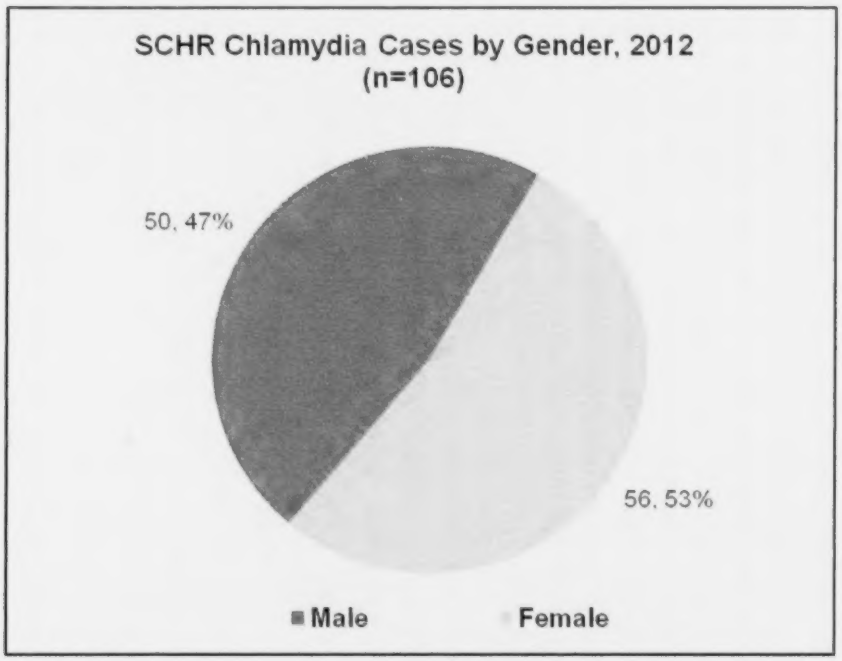


Figure 29: SCHR Chlamydia Cases by Gender, 2012 Source: Public Health, SCHR

The highest percentage of female cases occurred in August (14 per cent) and the highest percentage of male cases (18 per cent) occurred in September (see Figure 30).

The highest number of cases (n=35) were reported in the 20 to 24 year old age group, accounting for 33 per cent of the total number of cases.

The difference in numbers of cases among females and males is the greatest in the 15 to 19 year old age group. Eighteen cases (17 per cent) were reported in the 15-19 years of age category. Twenty-one cases (19.8 per cent) were in the 25-29 year old age group (see Figure 31).

Just over 41.5 per cent of the cases were from the Estevan Public Health Office catchment area compared to 29.25 per cent for the Weyburn Public Health Office catchment area. The remaining cases (29.25 per cent) were dispersed across the other catchment areas in the Region.

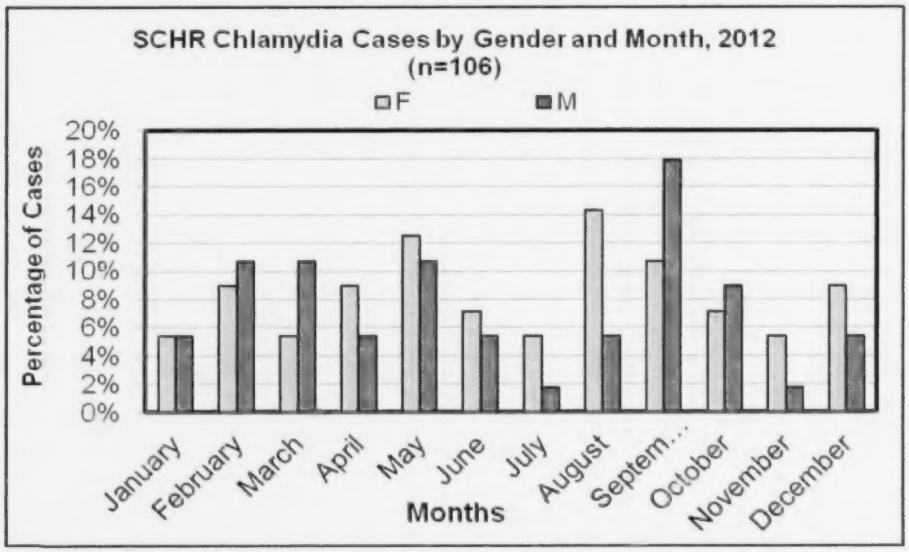


Figure 30: SCHR Chlamydia Cases by Gender and Month, 2012
Source: Public Health Office, SCHR

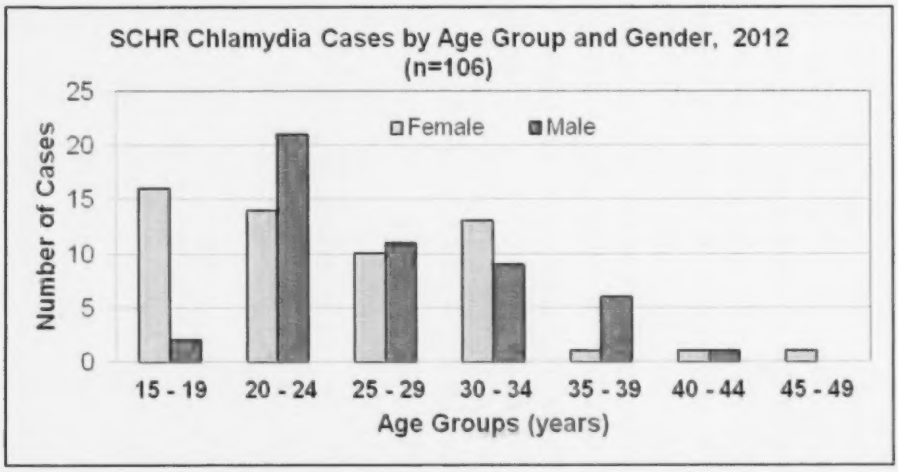


Figure 31: SCHR Chlamydia Cases by Age Group and Gender, 2012
Source: Public Health Office, SCHR

Gonorrhea

There were nine cases of genital gonorrhea reported in SCHR in 2012 compared to four cases in 2011.

Hepatitis C

There were 10 new cases of Hepatitis C reported in SCHR in 2012.

West Nile Virus (WNV)

There were no human cases of WNV reported in SCHR in 2011 and 2012. There were a total of three WNV-positive mosquito pools reported for SCHR in the summer of 2011 and 2012 respectively.

Animal Bites and Rabies

In 2012, there were five rabid animals (four skunks and one horse) reported in SCHR. There were no rabid animal reports in 2009 and 2010 and only one in 2011 (skunk).

The highest number of rabies positive animals reported in SCHR was in 2006 (16). Since 2005, the highest number of rabies positive animals reported in Saskatchewan was in 2011 (34). See Figure 32.

Skunks make up 70 per cent (24) of the total number of rabies positive animals reported in Saskatchewan in 2011.

In 2010, three rabid dogs were reported in Saskatchewan while in 2011, one rabid dog was reported.

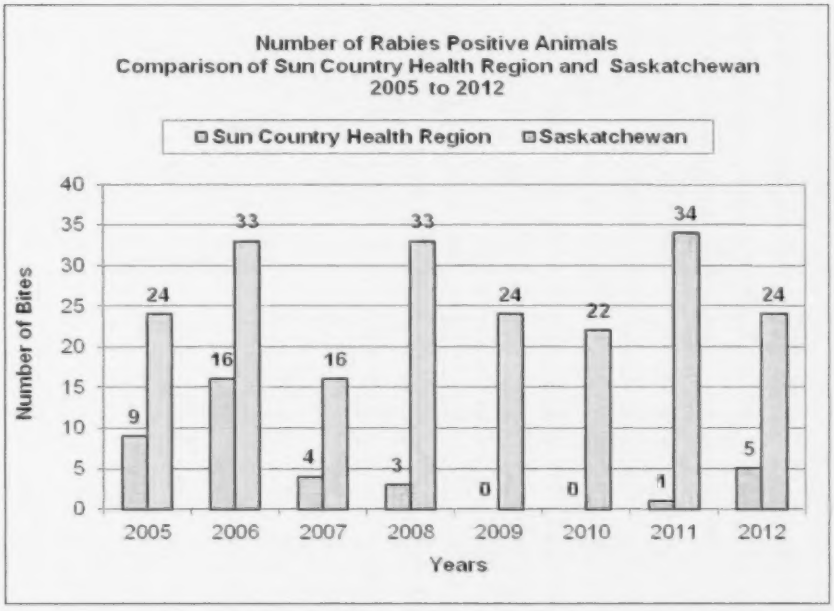


Figure 32: Number of Rabies Positive Animals, SCHR 2005 - 2012
Source: CFIA and Public Health Office, SCHR

Year	Sun Country Health Region	Saskatchewan
2005	9	24
2006	16	33
2007	4	16
2008	3	33
2009	0	24
2010	0	22
2011	1	34
2012	5	24

Figure 33: Number of Rabies Positive Animal Bites, Comparison of SCHR and Saskatchewan, 2005-2012) Source: CFIA and Public Health Office, SCHR

From Jan 1st to December 31st, 2012 Sun Country Public Health Inspectors investigated 158 animal bites and/or exposures. All animal bites that are reported to health care facilities are investigated and a risk analysis is performed to ensure that there is no possible transmission of rabies from animals to humans. Rabies is a virus that can spread through the saliva of infected animals for up to 10 days before their death, so an animal may occasionally appear healthy but may be infected with rabies. Animals, if available, are observed for 10 days to ensure they remain healthy and alive. If the animal is not available human rabies vaccine may be given to the exposed individual.

Rabies post-exposure prophylaxis (PEP) was required for 21 individuals in 2012 in SCHR. Two were started for exposure to a lab-confirmed rabid animal.

Seven individuals received rabies PEP for exposures to wild animals and 12 people were started for exposures to stray domestic animals that escaped/ could not be found.

There were 19 animals in SCHR that were sent to the Canadian Food Inspection Agency to perform rabies testing after the death of the animal. One animal tested positive for rabies and all the other specimens came back negative in 2012.

Goal 1: Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Hoshin:

Strengthen patient-centred Primary Health Care by improving connectivity, access and chronic disease management. All targets were met by March 31, 2013.

SCHR projects:

1. **Primary Health Care**
   - By March 31, 2013, there will be a 25 per cent improvement in the number of people who say, "I can see my Primary Health Care Team on my day of choice."

2. **Injury Reduction**
   - By March 31, 2017, zero workplace injuries.
   - By March 2013, establish comprehensive and timely reporting and a disability management program.
   - By March 2013, develop and initiate a comprehensive injury prevention program.
   - By March 2013, establish an active safety prevention program.

3. **COPD (Chronic Obstructive Pulmonary Disease) Collaborative**
   - By March 2013, COPD groups will be established in Weyburn and Estevan.
   - By March 31, 2013, 50 per cent of clients with COPD report an increase in confidence to self manage their disease.
   - By March 31, 2013, 35 per cent of clients with COPD are receiving care consistent with provincial standards of care.

4. **Falls Prevention**
   - By March 2013, in long-term care reduce the number of falls causing injury by five per cent and reduce the number of falls by 10 per cent.
   - Increase engagement of patients and families in the fall prevention program.
   - Implement a fall prevention program in Acute Care and Mental Health Inpatient.
   - Increase EMS involvement in fall prevention program.
   - Provide education to the public on fall prevention.

Minister visits his constituency

One of the early stops for newly appointed Health Minister Dustin Duncan was to a Quality Summit held in Sun Country Health Region in May 2012. The Minister congratulated the Region for focusing on programs and services that provide quality health care for residents.

Daily Management:

Results: Immunization Coverage Rates

Two-Year-Old Children's Immunizations are Up-to-date

The SCHR's 2012 immunization coverage rates exceeded the over-all Saskatchewan coverage rates in the two-year-old age group. Coverage rates for each antigen are consistently among the highest in the province. Some of the SCHR up-to-date coverage rates for two-year-old children are:

- MMRV (mumps, measles, rubella and varicella) vaccine coverage in SCHR for two-year-old children was 86.7 per cent compared to 74.9 per cent for Saskatchewan.
- Meningococcal C vaccine coverage was 94.2 per cent compared to 87.8 per cent for Saskatchewan.
- Pertussis vaccine coverage in SCHR was 87.9 per cent compared to 75.5 per cent for Saskatchewan.

Seven-Year-Old Children's Immunizations are Up-to-date

SCHR maintains the excellent immunization coverage rates that are achieved in infancy and early childhood as evidenced by the up-to-date immunization coverage rates at the age of seven years. The Region's coverage rates for Pertussis and Measles immunizations are the highest in the province for this age group.

MMRV (mumps, measles, rubella and varicella) immunization coverage in SCHR for seven year old children was 95.3 per cent compared to SK which was 91.5 per cent. Meningococcal C vaccine coverage was 96.7 per cent compared to 93 per cent for SK. Pertussis vaccine coverage in SCHR was 90.8 per cent compared to 77.8 per cent for SK.

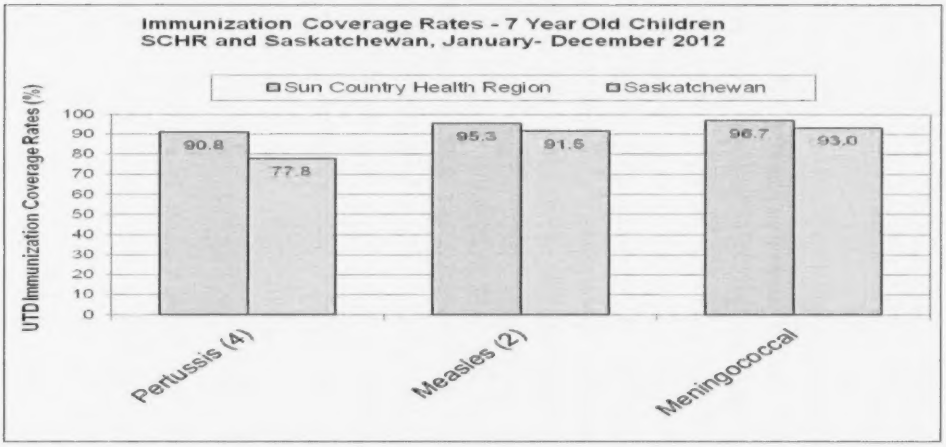


Figure 34: Immunization Coverage Rates for 7 Year Old Children, January-December 2012 Source: Immunization Coverage Rates for Seven Year Old Children Registered in SIMS, Saskatchewan Ministry of Health

Selected Seasonal Influenza & Pneumococcal Immunization Coverage Rates

Long Term Care Resident Immunizations

The 2011/2012 immunization coverage rates for SCHR long-term care/special care home residents are:

- The resident influenza immunization rate is 91.1 per cent (was 90.9 per cent in 2010/11 and 92.5 per cent in 2009/10).
- The facility rates range from 78.3 per cent to 100 per cent.
- The resident pneumococcal vaccine coverage rate is 90.3 per cent (facility rates range from 78.9-100 per cent) and compares to the coverage rates of 91.6 per cent 2010/11 and 92.5 per cent in 2009/10.

Health Care Worker Influenza Immunizations

Protecting staff from seasonal influenza also serves to protect the residents in long term care, acute care patients, and out-patient clients. The over-all coverage rate for all SCHR employees declined to 68.5 per cent in 2012/13 compared to 74.5 per cent in 2011/12 and 81.9 per cent in 2010/2011 (inactive

staff are excluded from the coverage rate).

The influenza immunization coverage rate for employees working in SCHR long term care facilities in 2012/13 was 75.8 per cent, compared to 76 per cent in 2011/12 and 2010/11 and 82.4 per cent in 2009/10. Facility rates ranged from a low of 55.4 per cent for Estevan Regional Nursing Home to 96.3 per cent for Bengough Health Centre.

The influenza coverage rates for long term care health care workers from 2002/03 to 2012/13 are shown in Figure 36 below.

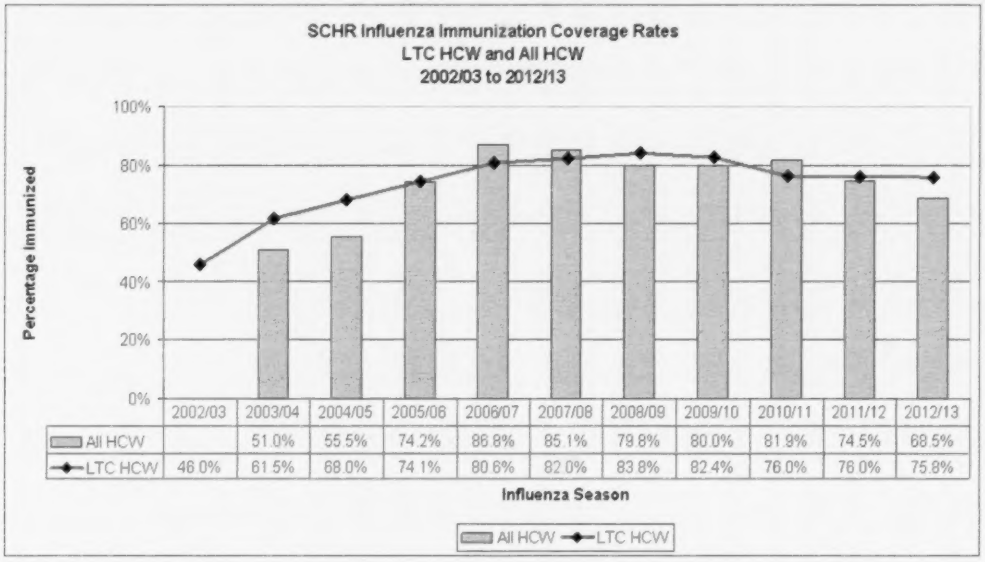


Figure 35: Influenza Immunization Coverage Rates for SCHR LTC Health Care Workers and all SCHR Health Care Workers, 2002/2003 to 2011/2012
Source: Public Health Office, SCHR

Table 4 - Influenza Immunization Coverage Rates for Acute Care Facility Staff, 2012/2013

Acute Care Facility	Number of Staff	Number of Staff Immunized	Percentage of Staff Immunized
Arcola Health Centre	43	39	90.1%
Estevan - St. Joseph's Hospital	219	151	69.0 %
Kipling Memorial Health Centre	60	49	81.7 %
Weyburn General Hospital (preliminary)	191	105	55.0 %
Pangman Health Centre	13	13	100%
Acute Care Total:	**526**	**357**	**67.9 %**

Source: Public Health Office, SCHR

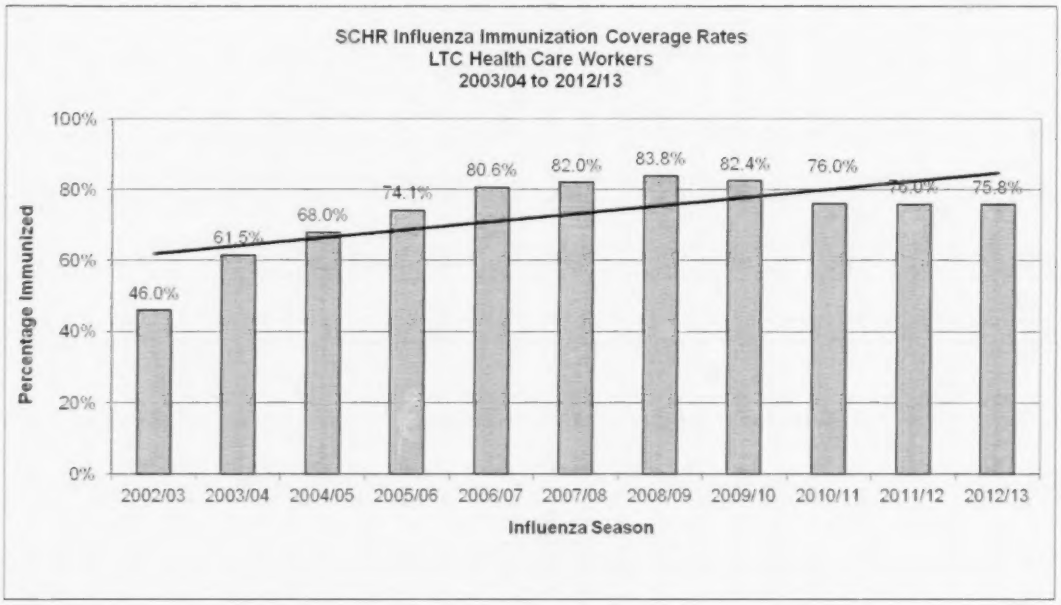


Figure 36: Influenza Immunization Coverage Rates for LTC Health Care Workers, 2003/2004 to 2012/2013 Source: Public Health Office, SCHR

Immunization Competencies Education Program

The Immunization Competencies Education Program developed by the Canadian Pediatric Society, in association with the Public Health Agency of Canada and Health Canada, provides participants with an in-depth review of the Immunization Competencies for Health Professionals, a national consensus on the education and training required by immunization providers.

Public Health Nurses currently employed are encouraged to complete the online Immunization Competency Program. All newly hired public health nurses are required complete this program as part of their orientation.

From January 2012 to January 2013, the rate of completion has increased from 0 per cent to 70.8 per cent.

Results: Infection Prevention and Control

Sun Country Health Region's Infection Prevention and Control program focuses on reducing the risk of transmission of infectious agents to staff, clients, volunteers, visitors, students, physicians, licensed independent practitioners, and the public. The Infection Prevention and Control program also aims to reduce the risks for infections related to the use of devices and procedures performed during their care.

Surgical Site Infections

Accreditation Canada requires health organizations to track surgical site infections for procedures based on the highest risk, the highest volume or both.

The recommended procedures for surveillance include hysterectomy and caesarean section surgeries.

Table 5 - SCHR Selected Surgical Site Infections – SJH and WGH, 2009-2012

St. Joseph's Hospital (SJH) and Weyburn General Hospital (WGH) Hysterectomy and Caesarean Section SSI Rates per 100 Surgeries 2009 -2012				
	Hysterectomy		Caesarean Section	
	SJH	WGH	SJH	WGH
2012	0	15.4/100	2.6/100	N/A
2011	0	11.8/100	0	N/A
2010	0	14.2/100	4.5/100	0
2009	0	15.8/100	3.6/100	0

Source: Infection Control, SCHR

St. Joseph's Hospital of Estevan - surgical site infections for all surgeries reported from 2009 to 2012:

2012 – A total of 281 surgeries were performed with two reported infections for a rate of 0.7 per 100 procedures.
2011 – A total of 306 surgeries were performed with 0 reported infections for a rate of 0 per 100 procedures.
2010 – A total of 310 surgeries were performed with two reported infections for a rate of 0.6 per 100 procedures.
2009 – A total of 364 surgeries were performed with three reported infections for a rate of 0.8 per 100 procedures.

Weyburn General Hospital - surgical site infections for all surgeries reported from 2009 to 2012:

2012 – A total of 486 surgeries were performed with two reported infections for a rate of 0.4 per 100 procedures.
2011 – A total of 358 surgeries were performed with four reported infections for a rate of 1.1 per 100 procedures.
2010 – A total of 382 surgeries were performed with four reported infections for a rate of 1.0 per 100 procedures.
2009 – A total of 346 surgeries were performed with six reported infections for a rate of 1.7 per 100 procedures.

Selected Infection Control Indicators
Nosocomial Infections and Antibiotic Resistant Organisms

Methicillin Resistant Staphylococcal aureus (MRSA) Rates

MRSA infection is a significant cause of morbidity in health care facilities and directly impacts client outcomes. Health care-associated MRSA is an indicator of the quality of infection prevention and control practices in health care facilities. Variation in infection rates can be attributed to numerous factors including differences in the risk factors present in different patient populations, duration of hospitalization, and the intensity of the surveillance. For these reasons, infection rate data may not be easily comparable between facilities, services, and organizations.

Table 6 - 2012 MRSA rates per 1,000 patient days in Acute Care

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2012	0	0.59 (1)	0.66 (1)	0.78 (1)
Estevan St. Joseph's Hospital	2012	0.80 (2)	0.41 (1)	0.47 (1)	0
Arcola Health Centre	2012	3.3 (1)	0	0	0
Kipling Memorial Health Centre	2012	0	0	0	0

Source: Infection Control, SCHR

- **The over-all MRSA rate in acute care in 2012 was 8/18,848 = 0.42 per 1000 patient care days.**
- **The over-all MRSA rate in acute care in 2011 was 7/21,230 = 0.33 per 1000 patient care days.**
- **The over-all MRSA rate in acute care in 2010 was 12/21,634 = 0.55 per 1000 patient care days.**

- **The over-all MRSA rate in long term care in 2012 was 19/237,034 = 0.08 per 1000 resident care days.**
- **The over-all MRSA rate in long term care in 2011 was 12/239,820 = 0.05 per 1000 resident care days.**
- **The over-all MRSA rate in long term care in 2010 was 12/238,903 = 0.05 per 1000 resident care days.**

Table 7 - 2012 MRSA rates per 1,000 resident care days in Long Term Care

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Estevan Regional Nursing Home	2012	0	0	0	0
Radville Marian Health Centre	2012	0	0.39 (1)	0.77 (2)	0
Weyburn Special Care Home	2012	0.13 (1)	0.13 (1)	0.13 (1)	0
Galloway Health Centre	2012	0.70 (1)	0	0	0.66 (1)
Bengough Health Centre	2012	0	0	0	0
Deer View Lodge	2012	0	0	0	0
Moose Mountain Lodge	2012	0	0.27 (1)	0	0.26 (1)
Coronach Health Centre	2012	0.85 (1)	0	0	0
Fillmore Health Centre	2012	0	0	0	0.59 (1)
Sunset Haven	2012	0	0.56 (2)	0.56 (2)	0
Mainprize Manor	2012	0	0	0.72 (1)	0
Tatagwa View	2012	0.19 (2)	0	0	0

Source: Infection Control, SCHR

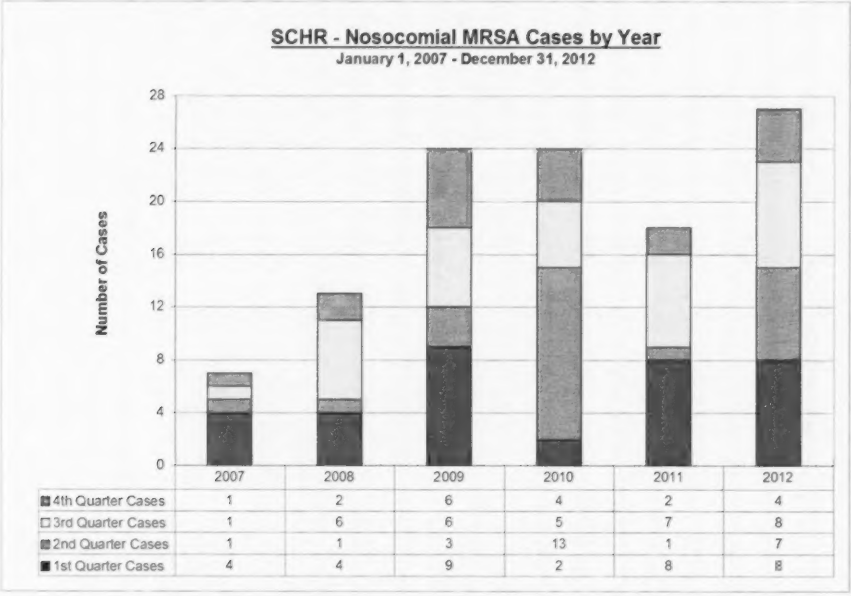

SCHR - Nosocomial MRSA Cases by Year
January 1, 2007 - December 31, 2012
Number of Cases
28
24
20
16
12
8
4
0
2007 2008 2009 2010 2011 2012
4th Quarter Cases 1 2 6 4 2 4
3rd Quarter Cases 1 6 6 5 7 8
2nd Quarter Cases 1 1 3 13 1 7
1st Quarter Cases 4 4 9 2 8 8

Figure 35: SCHR - Nosocomial MRSA Cases by Year, 2007 to 2012
Source: Infection Control, SCHR

Vancomycin Resistant Enterococci (VRE)

Vancomycin Resistant Enterococci (VRE) are enterococci bacteria that have developed resistance to many commonly used antibiotics including Vancomycin. Spread of VRE can occur by person-to-person transmission via the fecal-oral route, indirectly via soiled gloves, unwashed hands or contaminated equipment.

Table 7 - 2012 SCHR VRE Rates

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Weyburn General Hospital	2012	0	0	0	0
Estevan St. Joseph's Hospital	2012	0	0	0.47 (1)	0
Arcola Health Centre	2012	0	0	0	0
Kipling Memorial Health Centre	2012	0	0	0	0

Source: Infection Control, SCHR

The over-all VRE rate for acute care for 2012 was 1/18,848 = 0.05 per 1000 patient care days. No nosocomial cases of VRE were identified in long term care.

Extended Spectrum Beta Lactamases (ESBLs)

Extended Spectrum Beta-Lactamases (ESBLs) are enzymes produced by some bacteria that can make them resistant to antibiotics. The ESBL-producing organisms are found in the bowel, urine, blood, and they may also infect skin wounds.

Table 8 - 2012 SCHR ESBL Rates per 1,000 resident care days in Long Term Care

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Estevan Regional Nursing Home	2012	0	0	0	0
Radville Marian Health Centre	2012	0	0	0	0
Weyburn Special Care Home	2012	0	0	0	0
Galloway Health Centre	2012	0	0	0	0
Bengough Health Centre	2012	0	0	0	0
Deer View Lodge	2012	0	0	0	0
Moose Mountain Lodge	2012	0	0	0	0
Coronach Health Centre	2012	0	0	0	0
Sunset Haven	2012	0	0	0	0
Tatagwa View	2012	0	0.18 (2)	0	0

Source: Infection Control, SCHR

Infections with ESBL-producing bacteria are concerning because:

- Infections with *ESBL*-producing bacteria are difficult to treat because they are resistant to many antibiotics.
- Patients often experience a delay in treatment because *ESBLs* are difficult to detect by routine antimicrobial susceptibility tests.
- Patients may experience long hospital stays with increased costs.
- Patients with infections have an increased risk of death.

The over-all long term care ESBL rate in 2012 was 2/237,034 = 0.01 per 1000 resident care days. No nosocomial infections of ESBL were identified in acute care for 2012.

Nosocomial Clostridium difficile Rates

Clostridium difficile is the leading cause of health care-associated diarrhea and can cause a range of symptoms including severe inflammation of the colon and infections that may lead to severe or life threatening events. Illness from C. difficile most commonly affects older adults and individuals in long term care facilities and can be acquired in hospital or community settings.

Table 9 provides information about Clostridium difficile infections by the overall number of cases identified in SCHR from 2008 - 2012.

Table 9 - SCHR Nosocomial C diff Cases Per Year by Quarter, 2008-2012

SCHR Nosocomial C diff Cases Per Year by Quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Cases
2008	1	0	0	1	2
2009	3	1	1	4	9
2010	1	0	0	2	3
2011	2	0	1	2	5
2012	0	2	2	2	6

Source: Infection Control, SCHR

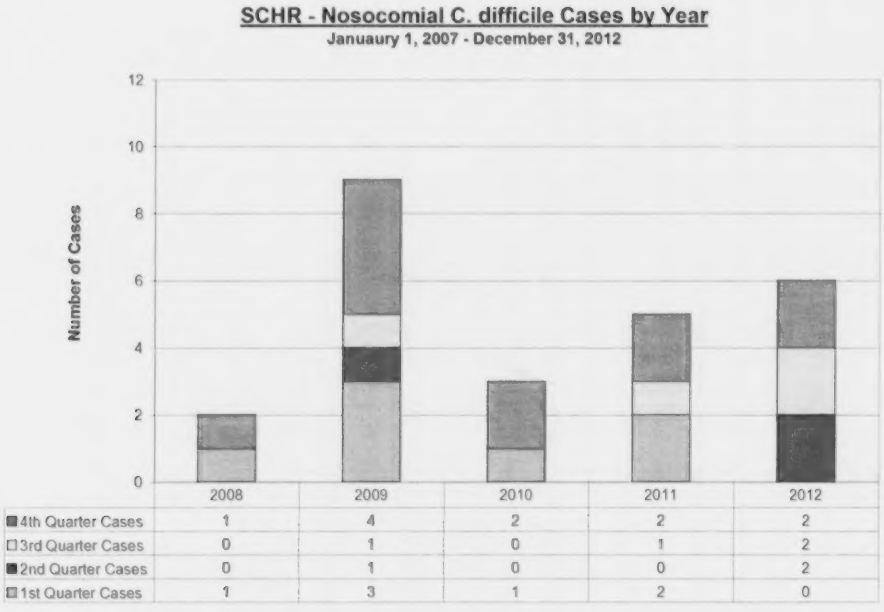


Figure 37: SCHR- Nosocomial C. difficile Cases by Year, 2007 to 2012
Source: Infection Control, SCHR

Clostridium difficile (C. difficile) is not a reportable disease in Saskatchewan but facilities in SCHR are expected to report their Clostridium difficile (C. difficile) infections to Infection Control.

Outbreaks

The following section is based on information collected from the reporting of outbreaks in SCHR facilities. It covers the time period from January 1, 2012 to December 31, 2012. See Figure 46.

There were a total of 27 outbreaks in SCHR in 2012 compared to 14 outbreaks in 2011.

The outbreaks are categorized into three categories: respiratory, enteric, or "other".

The "other" category of outbreaks includes outbreaks of antibiotic-resistant organisms. In 2012, one antibiotic-resistant organism outbreak was identified.

The majority of outbreaks reported in 2012 occurred in Long Term Care (LTC) facilities:

- Long term care - 15 facilities (11 in 2011)
- Integrated facilities – nine facilities (3 in 2011)
- Acute facility – one facility (0 in 2011)
- Community – two facilities (0 in 2011)

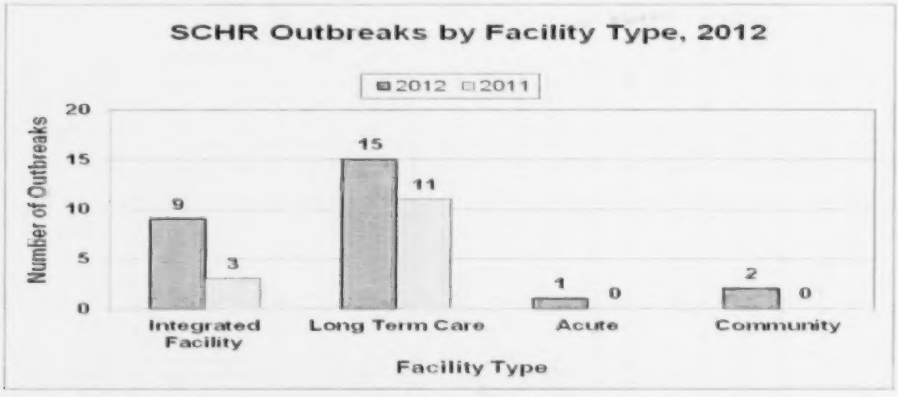


Figure 38: Outbreaks by Facility Type, 2012 Source: Infection Control, SCHR

In 2012, there were 14 enteric outbreaks, 12 respiratory outbreaks and one Methicillin Resistant Staphylococcus aureus outbreak. In three of the outbreaks, more than one organism was identified. Three deaths were related to two different enteric outbreaks. The residents had multiple underlying conditions at the time of the outbreaks.

Norovirus was identified in six of the 14 (43 per cent) enteric outbreaks, rotavirus was identified in one of the 14 (seven per cent) enteric outbreaks and in seven (50 per cent) of the enteric outbreaks, no organism was identified.

Human Metapneumovirus (hMPV) was the most common respiratory pathogen identified in SCHR facility respiratory outbreaks in 2012. It was identified in four of the 12 (33 per cent) respiratory outbreaks. Influenza was identified in three outbreaks (25 per cent), Entero/Rhinovirus was identified in two outbreaks (17 per cent), Coronavirus and Respiratory Syncytial Virus (RSV) was identified in one outbreak (eight per cent) and in two outbreaks (17 per cent) no respiratory organism was identified.

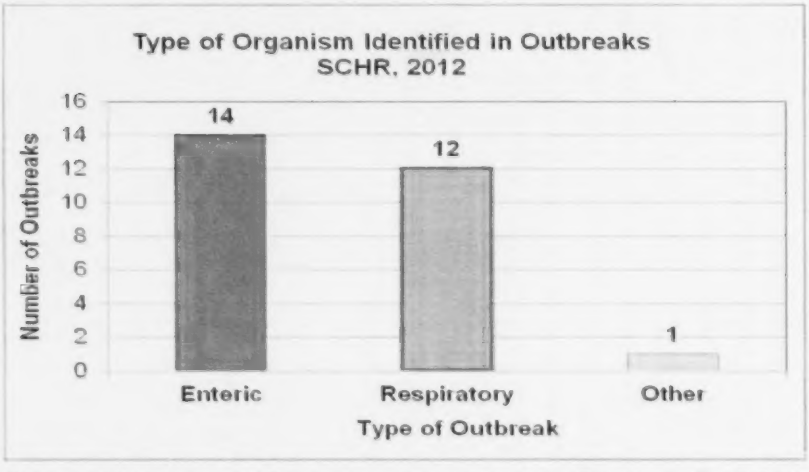


Figure 39: Type of Organism Identified in Outbreaks, SCHR 2012
Source: Infection Control, SCHR

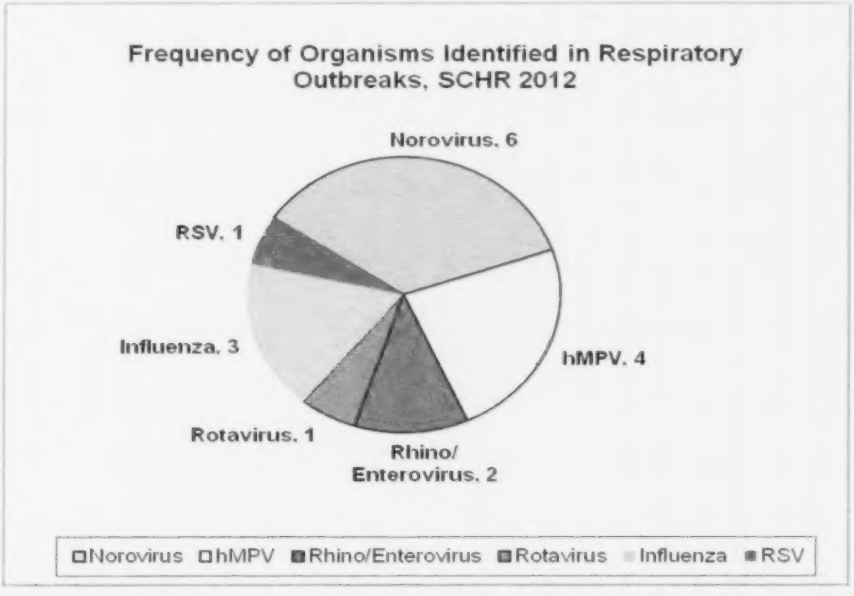


Figure 40: Frequency of Organism Identified in Respiratory Outbreaks, SCHR 2012 Source: Infection Control, SCHR

Table 10 - Specific Parameters by Outbreak Type, 2012

Outbreak type	Enteric	Respiratory	Other
Duration – Range (days)	1-21	2-17	90
Duration – Average (days)	10	9	-
Total Cases – Range	3-83	7-24	4
Average Number of Cases/ Outbreak	18	12	-
Outbreak Related Deaths	3	0	-

Source: Infection Control, SCHR

Influenza Outbreaks (January 1, 2012 to December 31, 2012)

There were three Influenza A outbreaks in 2012.

Results: Population Health

Population Health worked on various initiatives including promoting healthy weights, oral hygiene, promoting good nutritional habits, promoting staff and community based physical activity, reducing tobacco use and supporting the 40 Developmental Assets in the community (www.search-institute/research/developmental-assets).

The Parent Mentoring Program of Saskatchewan is also supported by health promotion staff. The Parent Mentoring Program provided services to 18 families, 36 children in nine communities during 2012.

Health Promotion coordinators work in partnership with community groups, organizations and others to address regional and provincial health priorities. Workshops and group meetings are organized on a regular basis throughout the region.

Telehealth held numerous events for both staff and the general public in conjunction with outside agencies which include Multiple Sclerosis Society of Canada, Arthritis Society, Diabetes Association, Alzheimer's Society, Lung Association and the Heart & Stroke Foundation.

The Dental Health Unit provided fluoride varnish to high risk schools in 17 locations, as well as ongoing sessions with clients on a regular basis.

Results: Primary Health Care

Patient centred, community designed, and team delivered care is the framework for achieving a high performing Primary Health Care system in Saskatchewan. The vision is that Primary Health Care is sustainable, offers a superior patient experience and results in an exceptionally healthy Saskatchewan population.

Improving access to quality health care services through collaborative team-based care is a priority in SCHR. The Primary Health Care teams continue to build on current successes, to adapt the best practices from within the Region, and province, and to engage partners and communities.

Highlights from the Primary Health Care (PHC) sites include:

- Sites include Carlyle (2007), Maryfield (2007), Lampman/Midale (2007) and Rural West (Bengough, Radville and Pangman) (2010). These collaborative practice teams continue to work on improved access for patients and the development of programs and services based on patient needs. Shared medical appointments have been introduced in Bengough and Carlyle with successful implementation and will be replicated to other team-based care sites in the next year.
- New site development involves Estevan, Coronach and Kipling.
- Lampman/Midale has expanded to include Estevan. The three sites are now referred to as Tri-ELM, as in Tri (three)-ELM (Estevan/Lampman/ Midale). The role of the Nurse Practitioner has returned to Estevan - the

focus on developing chronic disease management programs and strengthening referral and consultation between practitioners and providers. Regular team meetings have moved this team along.

- A partnership between Five Hills Health Region and SCHR resulted in linking Coronach to the Assiniboia PHC Team. This team is testing the new role of community paramedic, offers physician services one day a week and coordinates team services with existing therapies, dietitian, public health, mental health, home care, lab, facility staff and community partners. The team has also implemented the electronic medical record.
- A Kipling site will be a focus for 2013. This will be a coordinated effort between the community, the existing regional programs and services and primary health care. A partnership between Regina Qu'Appelle Health Region and SCHR has been established to develop the link between Kipling and Broadview.
- Establishment of a PHC site in Weyburn - to create a collaborative practice site that improves connectivity to all existing and newly developed programs and services, improves access and coordinates chronic disease management - is in discussion.

Results: **Chronic Disease Management**

SCHR has expanded chronic disease programs across the Region to help patients self-manage their condition.

Cardiac Rehabilitation

Two new facilitators were trained for the Cardiac Rehabilitation program. These facilitators help make the program sustainable by having trained staff situated across the Region.

- In the 4th Quarter, there was a 100 per cent increase in the number of participants in the program who agree or strongly agree that they have a better understanding of their heart condition.
- In the 4th Quarter, there was a 90 per cent increase in the number of participants in the program who agree or strongly agree that they set goals for themselves to help manage their heart condition.
- In the 4th Quarter, there was a 100 per cent increase in the number of participants in the program who agree or strongly agree that they are more confident in their ability to live with their heart condition.

Patient quotes from the cardiac rehabilitation program:

1. "I am very glad I took it, and I feel better about what I need to do for the rest of my life."

2. "It provided a step-by-step approach to understanding and recovery."

3. "I learned that there is a healthy way to eat, and that it's not a life sentence, but a life choice, and it's an easy choice to do."

Chronic Kidney Disease (CKD)

The Estevan Early Detection CKD Clinic opened this year. The clinic team is made up of a pharmacist, social worker, nurse, and dietitian. The team works closely with the Weyburn team and the Regina program. The Weyburn team clinic saw the addition of social workers to the team.

Diabetes

The Oxbow diabetes team added a retail pharmacist. There were four staff members who completed the Diabetes Education Module in 2012-2013, increasing the total number of staff successfully completing the program to 20 since it started.

Chronic Obstructive Pulmonary Disease (COPD)

The COPD program was expanded to include team clinics in Estevan and Weyburn. These clinics were one of the Region's hoshins for 2012-2013.

The Estevan team consists of a physiotherapist, nurse practitioner, retail pharmacist, and dietitian. The Weyburn team consists of physiotherapist, pharmacist, and dietitian. The clinics were well received by the patients attending the program. Following the clinic, some patients were able to continue their care with the therapies pulmonary rehabilitation program.

The Region exceeded the targets that 50 per cent of clients with COPD report an increase in confidence to self manage their disease (90 per cent) and 35 per cent of clients attending COPD clinic have an action plan in place (94 per cent).

Vascular Assessment

The vascular assessment program expanded with the addition of an Estevan clinic. The new clinic combines a home care nurse and occupational therapist to provide assessment and follow-up care. The Carlyle team began screening for dementia as most dementia is related to vascular health. The plan is for all vascular assessment clinics to screen for dementia.

LiveWell™ with Chronic Conditions

A peer leader training session was held this year with four new peer leaders trained. SCHR has a total of 14 peer leaders. LiveWell™ is a trademarked, peer-led patient education program that provides practical suggestions and support to help patients with chronic diseases cope with the everyday challenges they face. They meet once a week for six consecutive weeks to learn new coping strategies. **LiveWell™** hosted four sessions during 2012, which brings the total to 21 session and 154 participants.

Depression

The PHQ-2 questionnaire was added to the nursing assessment intake process at the acute care facilities. This is a tool to be used in clinics to screen patients for depression, is the first step used to determine if a patient requires further screening. Information about the LiveWell™ with Chronic Conditions program is part of the Mental Health intake process as an option for patients.

Results: Dental Health Program

Oral health education, prevention and supportive services are provided by a dental health educator and dental assistant to parents in child health clinics, school employees / volunteers, students and public health nurses throughout the Region.

The prevention services consist of dental sealants, fluoride varnishes and oral "swish" fluoride programs. Dental assessments and sealants were provided to 18 of the 40 identified "high risk" schools within the Region this year. 356 assessments were completed followed by 241 sealants.

Fluoride varnish clinics are for preschool children, 1-5 years of age. Eight sites were serviced, with 52 clinics. 654 children received fluoride varnish. 22 schools participated in 2012-13.

Child health clinics are provided with educational materials and finger toothbrushes.

Results: Public Health

Prenatal classes were held every month from April 2012-March 2013. Public Health received 687 post-natal referrals for follow-up. 62 per cent of post-natal clients received an assessment from a public health nurse by phone or home visit within 72 hours after discharge; 50 per cent received an assessment after 72 hours and 12 per cent declined a home visit.

In an effort to increase exclusive breastfeeding rates, Public Health conducted a project to standardize assessment and interventions of breastfeeding by Public Health Nurses. These efforts did not improve exclusive breastfeeding rates. 80 infants were included in the project. 60 per cent of these were exclusively breast fed in the hospital and by the time of the first child health clinic appointment at two months of age, the rate of exclusive breastfeeding had dropped to 30 per cent. Public Health is now focusing on the parent's decision to breastfeed. Information has been provided on breast feeding to physicians, nurse practitioners and the Joint Practitioner Council to increase awareness and encourage health care providers to have a conversation about breast feeding at prenatal contact.

Child health clinics are held in multiple locations across the Region. During 2012-2013:

- 3,650 hours of clinics were conducted.
- Immunizations and screening are completed at clinic.
- Screening for maternal mental health is completed at child health clinic appointments.
- A Healthy Weight Monitoring Project was begun for four-year-olds.
- 870 screenings were completed and 17 women were referred for further assessment and services.

Goal 2: Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health care safety.

Hoshin:

1. **Transform the patient experience through sooner, safer, smarter surgical care.**
2. **Safety culture: focus on patient and staff safety.**

SCHR Projects:

1. **Caring for Patients & Families in Psychological Distress**
   - Support and resources will be made available to acute care staff to prepare them to provide safe effective care, based on best practice, for patients and families in psychological distress. Target met.
2. **Discharge Planning**
   - By March 31, 2013, there will be a single point of entry and a link to the provincial discharge strategy. Target met.
3. **Medication Reconciliation on Transfer & Discharge**
   - By March 31, 2013, all patients/clients/residents will have a process for medication reconciliation on admission and transfer/discharge. Target met.
4. **Patient and Family Directed Patient Education**
   - Patients and families will participate with staff to prepare and received ducation about their care, including risk factors, safety issues and opportunities for prevention of health care associated infections, enothrombolic embolism (VTE), falls and medication errors. Target met.
5. **Safe Surgical Care**
   - By March 31, 2013, increase compliance to 100 per cent for the surgical site infection bundle.
   - By June 2012, increase compliance to 100 per cent for all three steps of surgical checklist in both surgical sites. By September 2012, increase compliance to 100 per cent for temperature monitoring.
   - By December 2012, increase compliance to 100 per cent for glucose level monitoring. All targets met.
6. **Stop Infections Now! Collaborative**
   - By June 30, 2012, increase Cleaning of High Touch Spots to 95 per cent.
   - Sustain compliance for cleaning of High Touch Spots at 85 per cent to March 31, 2013.
   - By October 31, 2012, increase compliance for hand hygiene by 75 per cent of baseline. Sustain compliance for hand hygiene at 80 per cent to March 31, 2013.
   - By June 30, 2012, improve patient/resident/amily experience by 50 per cent.
   - By May 31, 2012, increase open communication between staff, physicians, patients and families regarding infection control.
   - All targets were met.

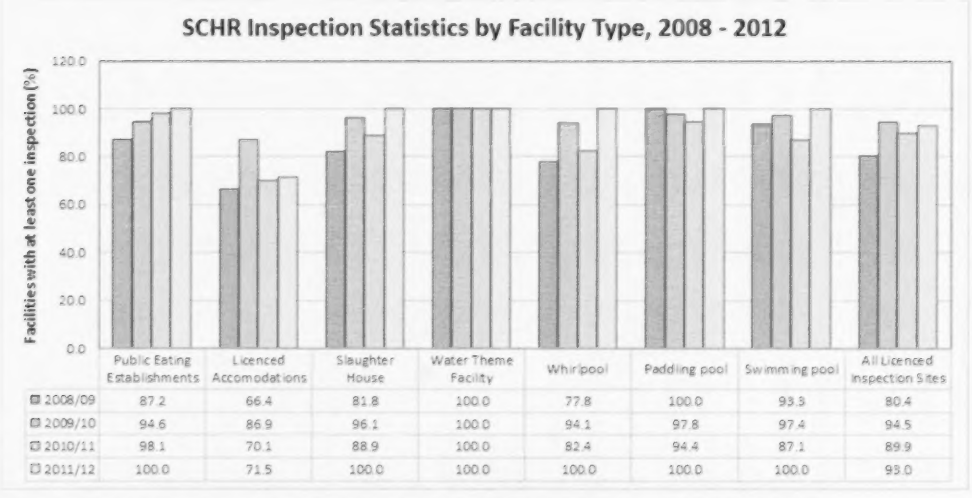
Reviewing the displays at the SCHR Quality Symposium

Ron Hill, Regional Director of Maintenance and Janice Giroux, Vice President Community Health, examine the displays at the staff symposium held in Estevan. The event is held each year to help promote quality care and celebrate achievements.

Daily Management:

Results: Public Health Inspection

Overall, 92.9 per cent of all licensed facilities had at least one inspection between April, 2012 and March, 2013 which results in a slight decrease of 0.1 per cent from the previous year.



	Public Eating Establishments	Licenced Accomodations	Slaughter House	Water Theme Facility	Whirlpool	Paddling pool	Swimming pool	All Licenced Inspection Sites
2008/09	87.2	66.4	81.8	100.0	77.8	100.0	93.3	80.4
2009/10	94.6	86.9	96.1	100.0	94.1	97.8	97.4	94.5
2010/11	98.1	70.1	88.9	100.0	82.4	94.4	87.1	89.9
2011/12	100.0	71.5	100.0	100.0	100.0	100.0	100.0	93.0

Figure 41: Inspection Statistics by Facility Type, 2008-2012
Source: Public Health Inspection Office, SCHR

Results: Emergency Medical Services

As of March 31, 2013, the Region's Emergency Medical Services (EMS) staff responded to a total of 4,472 calls and travelled 671,868 km during the past year. That is a three per cent increase over the 10 year average.

Weyburn had an all time high with an increase of 50 calls and 14,000 kms, with 1,270 calls and 147,962 km travelled. Another record high was noted by Wawota EMS, which responded to 107 calls and travelled 22,192 kms. Pangman EMS also responded to a record number of 188 calls, travelling 31,954 kms. Estevan EMS responded to 1,007 calls and travelled 144,711 kms

Results: Surgical wait times

The Saskatchewan health system's ultimate goal is to offer patients safer surgery within three months by April 2014. SCHR's work contributes to achieving this milestone. During the period October 1, 2012 to March 31, 2013, 99.6 per cent of patients receiving surgery within the Region were offered a surgical date within six months.

Results: Create a Kaizen Promotion Office

A Kaizen Promotion Office (KPO) was established in the fall of 2012 in SCHR.

The KPO was involved in the deployment of the nine Hoshin Kanri (Strategy Deployment) projects for 2013-2014 which were chosen from feedback that was received from all levels of the Region. The nine projects are: dementia care, healthy weights in childhood, stroke strategy-TIA pathway, antimicrobial stewardship, global hand hygiene, medication administration, stop the line-commitment to safety, physician recruitment, and injury reduction. (A TIA is a transient ischemic attack: a transient episode of neurologic dysfunction caused by *ischemia* [loss of blood flow] either *focal brain*, *spinal cord* or *retinal,* without acute infarction [tissue death].)

Strategy Deployment of these initiatives took place in March of 2013 with 550 staff members attending, learning, and getting clarification on the up-coming year.

About 26 visibility walls are set up in the Region displaying these important initiatives and generating conversations explaining what is happening and what we are doing to achieve our goals.

The KPO continues to support the Continuous Quality Improvement (CQI) teams in the Region and has undertaken a number of initiatives with those teams. The KPO successfully completed a Kanban seminar in April at Weyburn General Hospital.

About 1,100 staff members have been trained in Lean 101 and 55 trained in a second level intense lean.

Results: Caring for Persons and Families in Psychological Distress

This project focuses on improving the care of patients and families who either present to acute care in psychological distress or are receiving care in acute care. A process map for post partum depression and psychosis involving all streams of care in the SCHR to develop a robust post partum program was developed.

A roll out of the Best Practice Psychotropic Medication usage in pregnancy was developed with a multidisciplinary approach.

Defined clinical pathways for care of Antepartum and Post partum Mother have been completed.

Educational packages for GPs, nurse practitioners and facility staff to provide to patients and families on post partum depression and post partum psychosis and where to go for help were completed.

Resources for patients that end pregnancy or have a miscarriage have been developed and are available.
The use of the standardized Edinburgh Screening test and scoring in the SCHR was implemented. The team has adopted the addition to Number 10 on the screening form, "Are you thinking of harming yourself or your baby?" The universal screening guidelines outlined in the document MothersFirst was adopted by the team. A list of Resources from the Mothers First campaign in Saskatchewan and how to obtain those resources are available. Applied Suicide Intervention training is being offered to sites throughout the Region.

Managers and staff in emergency rooms utilize the safety cross as a way to informally indicate non-admits of persons treated in emergency rooms in distress, in order to facilitate follow-up for patients.

Results: Mental Health and Addictions Wait Times

SCHR Mental Health and Addictions programs participated in a provincial LEAN initiative to reduce wait times for clients seeking services. Below are the agreed upon provincial standards by which time clients seeking services (new clients) should be offered a first appointment, after the client has been assessed through an Intake process. When the client problems or illness has been assessed as:

- "Very Severe," they should be seen within 24 hours.
- "Severe," to be seen within 5 working days
- "Moderate," to be seen within 20 working days
- "Mild," to be seen within 30 working days.

The Child and Youth Program went through a Failure Mode Effects Analysis (FMEA) to streamline the "referral to first appointment" process by granting intake workers access to appropriate outlook calendars and to schedule first clinical appointments.

Beginning in January 2013 Adult Mental Health Intake services will be providing once/ month "Change way" information groups for clients on the wait lists in Weyburn and Estevan to help manage their mental health issues including depression, anxiety, stress and coping skills. This is viewed as an interim step for clients waiting for services. By providing the client with this faster stepped care service and having them determine if they require further services, it is anticipated that this group service will meet needs and reduce wait lists.

Results: **Healthy Weights**

Comprehensive School Community Health: The South East Cornerstone and Holy Family School Divisions have healthy food policies based on the Ministry of Education guidance document Nourishing Minds: Toward Comprehensive School Community Health Nutrition Policy Development in Saskatchewan Schools. The SCHR nutritionist was actively involved in the Territorial Working Group on Nutrition and has been the Saskatchewan representative on this committee. The subcommittee was developed to work together at a Pan Canadian level to create a set of "best fit" nutrition criteria for food to be sold and served in schools. This will assist the food industry in creating products to fit the criteria and enable the sharing of provincial based implementation resource.

SCHR is involved in the vendor's fair to assist school community in the identification and sampling of foods which comply with the standards in Nourishing Minds. The event is held in partnership with the South East Cornerstone School Division. The public health nutritionist has offered teacher workshops during the South East Cornerstone and Holy Family School Divisions teacher conventions. The workshops have been readily accepted and are an effective way to share resources and communicate nutrition message to educators.

Results: **Southeast Regional Intersectoral Committee (RIC)**

RIC continues to focus on "Strengthening the Early Years." It has focused on disseminating the information collected from the Early Development Instrument (EDI) data, and continues to provide "Data to Action" presentations to each of the 27 study areas. The presentations were tailored to inform each study area of their specific data, and to invite and encourage problem solving and planning in each of these areas on how to utilize the data to best support communities to strengthen the services in place for families with children 0-5 years.

In addition to providing information specific to each of the study areas, an incentive of RIC Seed Funding was available for communities to design and implement projects specifically aimed at enhancing awareness and/or services to the families with children 0-5 years.

To date, several communities have developed working partnerships between public libraries, public health, child care centres, for example. Projects include incentives to provide various programs and services such as summer programs. As the momentum builds, the committee hopes to continue to support communities in their ownership of

this very important work for the families of our youngest citizens.

The RIC Strategic Planning session also identified other areas of work and members look forward to expanding the focus to initiate items such as Complex Needs Case Management Committees.

SCHR continues to progress on the process to provide a HUB within SCHR for Estevan and Weyburn. The purpose of the HUB is to address community safety and wellness issues by enhancing our provision of human services to those of elevated risk and develop strategies to resolve issues as expediently as possible. Additionally, the HUB will serve to identify gaps and the need for longer term solutions as identified by the team. The HUB will be based on what the Prince Albert model has established and is now being duplicated in other Saskatchewan health regions. The "Building Partners to Reduce Crime" Document provides detailed information on the HUB model and can be found at www.hss.gov.sk.ca.

LEAP with ME: Preschool and School Age Nutrition

To help support parents with their role in the optimum development of their children, the LEAP with ME! project was developed based on the LEAP BC resources available at http://decoda.ca/children-families/leap-bc/. These resources integrate early literacy, physical activity and healthy eating into fun activities and play.

The LEAP with ME! Project was developed through collaboration between the RIC, Weyburn Early Childhood Development Network, South East Regional Library and the health region.

The nutritionist has offered to provide the program on request in all public libraries within SCHR, as the South East Regional Library is an active partner.

Goal 3: Better Value

Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Hoshin:

Identify and provide services collectively through a shared services organization.

SCHR Projects:

1. **Paperless Pay Statement**
   - By June 6, 2012, paperless pay statements will be viewed electronically through "Gateway Online" and paper statements will no longer be printed. Target met.
2. **Materials Management Information System (GHX)**
   - All Materials Management orders, invoices, confirmations and receiving notices will be processed electronically. Target not met.
3. **Human Resources Workflow Management & Self Serve**
   - By March 2013, implement nine of the 15 processes for the delivery of staffing, payroll, scheduling and benefits services. Target met.

Daily Management:

Results: **Paper-less Pay Statements and Gateway On-line**

In 2012-13 SCHR (along with other health regions in Saskatchewan) modernized the pay statement process for staff. Pay statements notify staff bi-weekly about their pay. Prior to the change, delivering pay statements was labour intensive. Each statement was printed on special paper, then mailed/couriered to facilities throughout the Region and handed to staff. With the new modern process, the pay statements are accessed by staff through a web-based portal called Gateway Online. Access to Gateway Online is confidential to the staff member. It is a paper-less process saving error-prone manual steps. With this system, staff may also view past pay statements.

Results: **Work Flow Management and Self Service**

Many day-to-day human resource processes such as tracking employee qualifications and updating personal information (such as name, address and phone number, etc.) were paper-based and the paper forms were manually generated, distributed and tracked. Data/forms may have been missed and/or not current.

Under a provincial collaborative effort, selected human resource processes were revised using web-based tool called Gateway Online for access. This tool provides a self service opportunity where a staff member can now confidentially access the

SCHR's first Rapid Process Improvement Workshop (RPIW)

The first RPIW held in the Region in conjunction with the introduction of the Lean improvement process was held in fall 2012. The RPIW planned to improve the laundry process as it leaves Tatagwa View and is delivered to Third Floor, Weyburn General Hospital. RPIW is an integral part of the Lean management strategy. It is designed to create improvements in service for patients/ residents/clients, and to reduce costs. The goal is to provide whatever service is needed, when it's needed, in the quantity needed. Participants in this first RPIW came to Tatagwa View from all over the province, and included local staff. Here, from left to right are Rosalie Longmore, Janet Stadler, Glen Paskiw, Janice Hill, Susan Antosh, Richard Hoffert, Tyler Chiddenton, Susan Maas, Heather Cugnet, Helen Strelieff, Jenny Knox, Liliyans Zlada. Three more RPIWs are scheduled in SCHR during 2013.

system to update his/her own personal information (without the paper forms) such as changes to name, addresses, phone number as well as educational qualifications.

In future, the Gateway Online technology will be used to create opportunity in other human resource processes such as posting job vacancies and tracking job applicants.

Results: **BUILD (Building Understanding In Leadership Delivery)**

The role of management in SCHR is considered a challenge with the many patient initiatives that are implemented bedside by staff and as well the high staff to management ratios that exist in most facilities. In addition, some management supervise staff in more than one facility or location. Managers may supervise as many as 50-80 staff including many shifts whether weekday or weekend. The lack of front line management capacity at this front line level is deemed a limiting factor in optimizing many of these initiatives. To address this, a strategy deployment project was developed to identify how a manager's work can be changed to be of more value to patients/residents and workers and rid the work of less-valued tasks such as administration. A management survey was completed to identify the work which requires change to free up management time. Following that a pilot session on a revised posting process was developed and implemented to a small group of managers for testing. This initiative is currently being delivered to other managers (to save them time) and as well, other less-valued tasks are being assessed for opportunities to save management time.

Results: RIS-PACS

SCHR implemented a Radiology Information System (RIS) and Picture Archiving Communication System (PACS) at the end of November, 2012 in five facilities. The Arcola Health Centre, Galloway Health Centre, Redvers Health Centre, St. Joseph's Hospital of Estevan and Weyburn General Hospital all have this system.

The Radiology Information System is used by the Medical Imaging Department for patient scheduling, exam management and results reporting.

The Picture Archiving Communication System is a secure provincial archive for the storage, retrieval and display of digital diagnostic images and reports of all x-ray examinations.

Together, the RIS and PACS link medical digital images with interpreted results, making the full exam information available in the PACS through secure networks to authorized users within the hospital, or remotely in community clinics or provider offices across the province.

The main benefits to having this system implemented are:

- improved turnaround times for examination results. All the results can be accessed online at any time from any location, which will mean faster results and treatment for patients;
- Improved access to specialist consultations due to secure electronic images stored in the PACS, allowing both the clinician and the referring radiologist to review the same images at the same time;
- significant reduction in the need for patient travel for health care consultation,
- access to images from anywhere in the province reduces the need to physically transport films between locations;
- a more complete patient history upon which to base patient care decisions as authorized medical staff will have secure access to PACS and the patients' complete digital imaging history, including patient medical histories.

Results: Long-term Care Facilities Replacement Project

The new long term wing care in Redvers Health Centre is nearing completion with a further renovation expected to be completed in late 2013. The new Radville Marian Health Centre is well into the construction phase with completion expected to occur in late 2013.

Planning for a new Kipling Integrated Health Centre is well underway with construction expected to begin in the summer of 2013. The team—consisting of Stantec, MHPM (project managers), SCHR, Ministry of Health and the Kipling and District Health Foundation—continues to work together to move this project forward.

Results: Information Technology

Information technology can be both an enabler and barrier for several projects in SCHR. In 2012-13, SCHR completed Radiology Information System and Picture Archiving and Communication System (digital x-ray).

The Region provided an upgrade to the Procura 7.2 system in Home Care, worked with provincial partners on the Saskatchewan Laboratory Results Repository, participated in the Staying Connected initiative for iPads and iPhones supported by the Saskatchewan Union of Nurses, continued the work on the WinCIS provincial upgrade and completed the Primary Health Centre system in Coronach to further the commitment to primary care.

Results: Shared Services

Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2012-2013 include:

- Established 3sHealth Board of Directors. The nine member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
- Participating in, and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
- Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-2013.
- Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations. The GHX project has not rolled out beyond Weyburn General Hospital due to waiting for critical issues to be fixed in the program. GHX planned to issue a software release after March 31, 2013. SCHR was therefore unable to meet the Hoshin deadline for 2012-2013 and plans to roll out the program in 2013-2014.
- Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
- Completion of the business case recommending a provincial linen strategy

to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over ten years.

Work focused on Lean, group purchasing, GHX, standardizing human resource processes and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five year cumulative target of $100 million in provincial savings. The eight new business cases include:

- Laboratory Services
- Diagnostic Imaging
- Environmental Services
- Supply Chain
- Information Technology and Information Management
- Enterprise Risk Management
- Capital Projects
- Workflow Optimization

Results: **Telehealth**

Telehealth continues to expand and is now available in 21 locations in 15 communities within SCHR.

Sites were added during 2012-13 to Midale Mainprize Manor and Health Centre, Lampman Community Health Centre, Mental Health Inpatient Unit, Weyburn Tatagwa View House 10. Residents of the Region can access a live and interactive video session within 30 minutes of their home.

Services have grown in the clinical application:

- A unit was recently added to the Mental Health Inpatient Unit so that access is increased;
- The Allan Blair Cancer Centre specialists are using the service more often allowing patients in SCHR's hospitals to see their specialist without leaving the local hospital;
- Telehealth was utilized many times this past winter when roads and weather conditions would normally have disabled services so that clients were able to see their provider from their home community;
- Specialists offering telehealth services from Regina continue to increase in numbers. Patients are more and more asking for a specialist who identifies themselves as users of telehealth;

- Medical students participating in rural rotations with the University of Saskatchewan College of Medicine attend classes with their colleagues across the province via telehealth.

During the year, 661 administration sessions were booked, 1,252 clinic sessions were booked and 2,190 learning sessions were booked.

Results: **Discharge Planning**

The over-all goal was to provide safe and timely discharge from one service/care area to another. Actions that have been initiated to attain this goal are standardized patient information documents, efficient and effective coordination of patient discharges/ transfers across the continuum, collaborative, multi-disciplinary approach to a focused patient discharge cycle. A regional Central Point of Contact position was developed to provide a consistent contact point for referrals to the region and/or within the region. The service is utilized by regional facilities and Home Care as well as referring agencies from other regions. Communication with the stakeholders has been vital to keep people aware of the direction of the project and to acquire input to ensure that the direction continues to be appropriate.

Clients are an important part of the process planning and are being surveyed to determine that from their perspective the process is successful. Some of the data collected:

- Home care was notified 59 per cent of the time for client services prior to discharge for clients from agencies outside SCHR.
- 82 per cent of home care patients who felt that their discharge needs were satisfactorily addressed.
- An average of 82 surgical discharges referred to home care each month.
- An average of 83 non-surgical discharges referred to home care each month.

Data will continue to be collected and inservices provided to ensure the process continues to meet or improve upon the goals set in 2012-13.

Goal 4: Better Teams

Build safe, supportive and quality workplaces that support patient and family centred care and collaborative practices, and develop a highly skilled, professional and diverse work force that has a sufficient number and mix of service providers.

Hoshin:

Deploy a continuous improvement system (Lean).

SCHR Projects:

1. **Regional Management Training (BUILD)**
   - All front line managers will be trained to become more effective leaders. Target not met.
2. **Leadership CQI Training (Continuous Quality Improvement)**
   - By March 31, 2013, Leadership Team members will begin Lean certification. Target met.
3. **Lean Training (Flight 201 - Train the Trainer)**
   - By December 31, 2012, train 25 staff members to be Lean champions to lead improvement teams in their area. Target met.
4. **Managed Access to Stored Information (MATSI)**
   - Implement a strategic process to align information management needs with the Breakthrough Initiatives and key strategic initiatives to provide frontline managers with the information they need to lead and manage effectively. Target not met.

Daily Management:

Results: **Sick Leave**

The utilization of sick leave hours in 2012-13 remained high. While it had decreased in the 2011-12 year, 2012-13 saw an increase in utilization by 5.38 per cent over 2011-12. In addition, utilization of sick leave by SCHR workers remains 4.8 per cent above the provincial average. Excessive sick leave usage impacts SCHR finances, productivity and, if replacements are not available, may impact the quality of service provided to residents, patients and clients.

Results: **Wage Driven Premium Hours**

The wage premiums for unionized workers, such as overtime and call back, paid to workers in 2012-13 has decreased by 7.32 per cent from the previous year. This is the second year that a reduction has been realized. Over-all, SCHR pays less premium pay than most other individual health regions in Saskatchewan and in 2012-13 remains substantially lower than the provincial average. Premium pay is provided according to collective agreements where workers are required to work additional hours as there is no other available worker available to work at regular wage rates.

Understanding Strategic Planning

Management and staff from Sun Country Health Region met in August 2012 to review progress to date on the 17 improvement projects chosen for the 2012-13 Strategic Plan and prepare for the 2013-14 plan. The first year's projects include Injury Reduction, Expanding the COPD Collaborative, Falls Prevention, Discharge Planning, Primary Health Care, Safe Surgical Care, Medication Reconciliation on transfer and discharge, Caring for Patients and Families in Psychological Distress, Patient and Family-Directed Patient Education, Discharge Planning, Stop Infections Now! Collaborative, Regional Management Training, Leadership CQI Training, Lean Training, Managed Access to Stored Information, Materials Management Information System (GHX), Paperless Pay Statement, Human Resources Work flow Management and Self Serve. These projects are consistent with the Ministry of Health and SCHR's goals of Better Health, Better Care, Better Teams and Better Value.

Worker illness, workers on vacation (or other leaves), lack of relief workers, gastrointestinal and respiratory outbreaks all contribute to the need to pay overtime premium pay to workers. In other cases, the general nature of the work contributes to additional overtime. An example of this is an EMS worker who completes a patient transfer from a SCHR facility to a tertiary centre.

Results: **Sun Country Health Region Student Bursary Program**

From April 1, 2012 to March 31, 2013 SCHR awarded 54 bursaries to students in post-secondary training for health care positions which are deemed "difficult-to-fill." Bursary recipients in 2012-13 include health care students in the following programs: 37 in registered nursing/registered psychiatric nursing, two in the nurse practitioner program, one in the physical therapy program, one in the occupational therapy program, two in the paramedic program, seven in the EMR program, and, four in medical program at the University of Saskatchewan. In return for a bursary, recipients agree to complete a return of service to SCHR. For example, of the 36 registered nurses hired into SCHRA positions in 2012-13, 11 (or 30 per cent) received a SCHR student bursary and are in the process of meeting the return of service obligations.

Results: Physician Recruitment and Retention

SCHR recognizes the importance of physicians to the health of the Region's population and continues to make physician recruitment and retention a foremost priority. The limited supply and high demand for physicians puts considerable pressure on the Region's ability to both attract and retain them.

Between April 1, 2012 and March 31, 2013, SCHR hired four new physicians to the Region. During the same period, however, seven physicians in SCHR left their practice. Surveys conducted by the Physician Recruitment Agency of Saskatchewan in 2012 indicate that family, location/lack of amenities and work-life balance are the primary reasons that physicians leave a practice.

SCHR continues to search both domestically and internationally for physicians. In its recruitment efforts, the Region worked collaboratively with current physicians. In addition, SCHR worked with saskdocs to identify candidates and place them in the Saskatchewan International Physician Practice Assessment (SIPPA) program, engaged national and international recruitment consultants, advertised on web sites and targeted media forums, provided educational/mentorship opportunities for medical students and residents, and worked collaboratively with community representatives trying to recruit physicians to their respective community.

New physician recruitment and retention initiatives introduced in 2012-13 include: recruitment via social media methods; the use of temporary physician locums to assist when there is a need to back-fill physician vacancies and service gaps; a marketing plan targeting medical students and residents at the University of Saskatchewan; SCHR student bursaries provided to four medical students; and sponsorship of medical students (who require clinical/experience placements) in required medical education programs such as: the community experience program for first year medical students), junior undergraduate rotating student intern (JURSI) program (for second year students); the Physician Rural Externship Program (PREP); and, the six-week Residency Program (for post-graduate residents).

Results: Aboriginal Awareness

SCHR continues to prepare the workplace by providing awareness training in aboriginal history and culture. The program fosters a positive and supportive climate, with the hope of encouraging more aboriginal people to come into SCHR's workforce. To date 1,926 out of a total of 2,400 employees have received formal Aboriginal Awareness Training.

A Diversity Audit was implemented in SCHR in a previous year to request employees to self identify their Aboriginal or other minority status. Of the 928 SCHR employees who self declared, 4.6 per cent are of Aboriginal descent. The data from the audit is used to evaluate statistical changes and to determine recruitment and retention opportunities and challenges of self-identified employees.

Results: Injury Reduction Program

In 2012-13, SCHR had concerns regarding the number of workplace injuries in facilities. The number of injuries exceeds the goal for SCHR. The ultimate goal is to achieve zero injuries for 2017, which is consistent with Mission Zero.

The goal in 2012-13 was to limit the number of reportable claims to eight claims per month. According to 2012-13 data, this goal was met (where there were eight or fewer claims) in five of the 12 months of 2012-13.

Staff and management continue to work to achieve these reductions through initiatives such as: engaged occupational health and safety committees; coaching and monitoring by management; on-going development of a safety management system; policy development and implementation; and, implementation of a problem-solving/root cause analysis process called 5-Why.

During 2012-13 for Q-1 through Q-3, the accumulated number of WCB claims per 100 FTE decreased 24 per cent from the previous year. SCHR's performance remains better than the provincial average. In a region-by-region comparison, SCHR continues to be in the lower half of all regions with respect to the number of lost time claims per 100 full time workers (FTE) and remains well below the provincial average in this statistic.

When a lost time injury does occur, SCHR joins with workers and unions to plan and implement an optimum recovery plan for the injured worker.

Workplace injuries are compensable by WCB and in each year SCHR is on the verge of possible cost increases. In 2012-13, SCHR was awarded a Certificate of Achievement by WCB for actions in reducing injury rates.

The following table notes the "Number of No Time Loss WCB Claims in 2012-13 per 100 FTE" for the period April 1, 2012 to March 31, 2013. For comparison, the number in the bracket represents 2011-12 data.

Table 11 - Days Lost in 2012-13 for the period April 1, 2012 to March 31, 2013

	Q1	*Q2*	*Q3*	*Q4**
# Claims per 100 FTE	***.92 (1.00)***	***.54 (.97)***	***.75 (1.20)***	***.92 (n/a)***
Days Lost per 100 FTE	***1.17***	***1.69***	***.93***	***.43***

Source WCB via Ministry of Health

**All claims may not be accounted for before March 31 as claims may be submitted in April for the 2012-13 year.*

Financial Summary

SCHR recorded an operating surplus of $1,110,046 for 2012-13. This translates into 0.78 per cent of actual revenue.

Over-all, revenues exceeded the 2012-13 budget ($4,041,706 or 2.9 per cent) due to:

- Increased funding from the Ministry of Health ($2,584,645 above budget) which was mainly due to Joint Job Evaluation funding ($606K), Saskatchewan Union of Nurses bargaining increase ($492K), Out of Scope increases ($500K) and other increases including payments to physicians.
- Other provincial revenue above budget including SUN Partnership funds ($497K).
- Recoveries are usually above budget due to compensation recoveries ($500K), bursary recoveries ($85K), insurance recoveries ($270K) as well as general recoveries.
- Salaries were over budget by $1,290,661 (1.6 per cent) mainly due to payment of the SUN settlement, retroactive salary payment and temporary positions. These additional expenses were offset in part by staff vacancies during the year.
- Grants to affiliates were over budget by $305K mainly due to staff funding not originally budgeted. Rent/Lease costs were over budget by $160K (5.34 per cent) due to computer upgrades. Professional fees increased from budget ($600K) due to higher fees for Information Technology projects. Repairs and maintenance are over budget by $1,021,625 (55.8 per cent) due to electrical system servicing,
- Heating ventilation and air-conditioning repairs, a renovation in Wawota, snow removal and handicap access improvements. Utilities are under budget by $150K due to weather and a provincial natural gas purchasing contract.

SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2013

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June 26, 2013

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Marga Cugnet
President & CEO

John Knoch
VP Corporate & Finance

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the accompanying financial statements of **Sun Country Regional Health Authority** which comprise the statement of financial position as at March 31, 2013 and March 31, 2012, and the statements of operations and changes in fund balances and cash flows for the years then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Basis for Qualified Opinion

One of the Authority's assets under construction held under a shared ownership arrangement with the Ministry of Health has been accounted for, as directed by the Ministry, on an apportioned net basis rather than on a full gross cost basis, which constitutes a departure from Canadian public sector accounting standards. The Authority's records indicate that had management stated the asset at full cost, the amounts reported for construction in progress, capital fund revenue, and fund balance invested in capital assets would have been increased by $701,639.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2013 and March 31, 2012, and the results of its operations and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

June 26, 2013

Regina, Saskatchewan

Virtus Group LLP

Chartered Accountants

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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2013

	Restricted Funds					
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2013	Total March 31, 2012	Total April 1, 2011
Assets						
Current Assets						
Cash and Short Term Investments (Schedule 2)	$ 7,493,000	2,133,576	2,582,185	12,208,761	21,774,118	28,772,531
Restricted Cash and Investments (Schedule 2)	8,853	-	-	8,853	8,717	8,994
Accounts Receivable						
Ministry of Health - General Revenue Fund	337,058	2,184,906	-	2,521,964	295,848	216,647
Accounts Receivable - Interfund	40,802	-	(40,802)	-	-	-
Other	2,253,640	834,910	5,667	3,094,217	3,545,704	999,922
Inventories	858,450	-	-	858,450	916,087	957,399
Prepaid Expenses	830,556	-	-	830,556	665,695	551,075
	11,822,359	5,153,392	2,547,050	19,522,801	27,206,169	31,506,568
Investments (Schedule 2)	16,313	-	2,353	18,666	18,232	17,833
Capital Assets (Note 3)	-	62,682,999	-	62,682,999	48,006,554	43,562,256
Total Assets	$ 11,838,672	67,836,391	2,549,403	82,224,466	75,230,955	75,086,657
Liabilities						
Current Liabilities						
Accounts Payable	$ 3,047,039	1,261,099	-	4,308,138	4,168,648	2,513,982
Accrued Salaries and Benefits	3,999,980	-	-	3,999,980	3,282,063	3,652,227
Accrued Vacation	7,025,848	-	-	7,025,848	6,802,165	6,546,710
Mortgages Payable - Current (Note 6)	-	438,578	-	438,578	417,401	397,282
Obligation under Capital Lease - Current (Note 4)	-	140,144	-	140,144	141,767	113,723
Deferred Revenue (Note 11)	1,741,106	-	-	1,741,106	1,915,632	2,751,612
	15,813,973	1,839,821	-	17,653,794	16,727,676	15,975,536
Mortgages Payable (Note 6)	-	3,538,444	-	3,538,444	3,980,247	4,400,347
Obligation under Capital Lease (Note 4)	-	146,009	-	146,009	275,899	267,437
Employee future benefits (Note 13)	3,682,800	-	-	3,682,800	3,715,400	3,767,100
Total Liabilities	19,496,773	5,524,274	-	25,021,047	24,699,222	24,410,420
Fund Balances						
Invested in Capital Assets	-	58,402,479	-	58,402,479	43,171,872	38,361,347
Externally Restricted (Schedule 3)	-	3,056,871	2,549,403	5,606,274	15,058,738	21,311,034
Internally Restricted (Schedule 4)	8,853	852,767	-	861,620	473,763	503,442
Unrestricted (Deficit)	(7,666,954)	-	-	(7,666,954)	(8,172,640)	(9,499,586)
Total Fund Balances	(7,658,101)	62,312,117	2,549,403	57,203,419	50,531,733	50,676,237
Total Liabilities & Fund Balances	$ 11,838,672	67,836,391	2,549,403	82,224,466	75,230,955	75,086,657

Commitments (Note 4)

Employee Future Benefits (Note 13)

Approved by the Board:

Marilyn Charlton, Board Chair

Lori Carr, Board Vice Chair

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations

For the Year Ended March 31, 2013

	Operating Fund			Restricted Funds			
	Budget 2013 (Note 8)	2013	2012 (Note 9)	Capital Fund 2013	Community Trust Fund 2013	Total 2013	Total 2012 (Note 9)
Revenues							
Ministry of Health - General Revenue Fund	$ 123,636,956	126,221,602	123,805,933	4,596,825		4,596,825	110,000
Other Provincial	919,667	1,433,702	1,814,110	144,234		144,234	144,234
Federal Government	2,750	3,240	11,070			-	-
Funding from other Provinces	-	-	-			-	-
Patient and Client Fees	11,242,885	10,933,087	11,092,628			-	-
Out of Province (Reciprocal)	490,000	458,269	524,034			-	-
Out of Country	10,300	15,390	21,415			-	-
Donations	30,000	111,959	230,297	4,176,277	278,690	4,454,967	1,880,271
Investment	75,000	104,644	99,820	71,222	32,100	103,322	237,540
Ancillary	-	-	-			-	-
Recoveries	922,654	1,986,945	2,567,427			-	-
Unrealized gain - financial instruments	-	-	-			-	-
Other	52,300	155,380	122,870	7,982	293	8,275	-
	137,382,512	141,424,218	140,289,604	8,996,540	311,083	9,307,623	2,372,045
Expenses †							
Inpatient & resident services							
Nursing Administration							
Acute	7,835,504	7,568,644	8,120,343	421,792		421,792	477,820
Supportive	24,922,048	25,920,497	24,899,082	1,537,547	161,826	1,699,373	1,827,872
Integrated	31,239,757	31,924,726	31,690,837	1,102,572	91,573	1,194,145	1,923,193
Rehabilitation							
Mental Health and Addictions	1,592,160	1,828,291	1,781,309			-	-
Total inpatient& resident services	**65,589,469**	**67,242,158**	**66,491,571**	**3,061,911**	**253,399**	**3,315,310**	**4,228,885**
Physician Compensation	**3,559,071**	**3,736,622**	**3,506,019**	-	-	-	-
Ambulatory Care Services	**1,768,805**	**1,861,179**	**2,256,057**	-	-	-	-
Diagnostic & therapeutic services	**9,546,507**	**9,353,390**	**9,322,935**	**5,920**	-	**5,920**	**3,163**
Community health services							
Primary health care	1,111,935	983,075	1,043,499	1,701	-	1,701	2,127
Home care	9,778,566	9,730,057	9,543,803	8,613	-	8,613	12,486
Mental health & addictions	4,627,415	4,751,078	4,504,066	32,717	-	32,717	56,404
Population health	3,953,195	4,084,645	3,893,712	30,931	-	30,931	56,404
Emergency response services	5,527,806	5,332,268	5,287,369	350,791	-	350,791	349,393
Other community services	534,623	476,004	465,769		-	-	-
Total community health services	**25,533,540**	**25,357,127**	**24,738,218**	**424,753**	-	**424,753**	**476,814**
Support services							
Program support	7,674,562	8,048,164	6,699,134	-	-	-	-
Operational support	22,110,330	22,589,011	23,408,820	-	-	-	-
Other support	1,493,785	2,159,121	1,726,243	-	-	-	-
Employee future benefits		(32,600)	(51,700)				
Total support services	**31,278,677**	**32,763,696**	**31,782,497**	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total expenses (Schedule 1)	**137,276,069**	**140,314,172**	**138,097,297**	**3,492,584**	**253,399**	**3,745,983**	**4,708,862**
Excess (deficiency) of revenues over expenses	$ **106,443**	**1,110,046**	**2,192,307**	**5,503,956**	**57,684**	**5,561,640**	**(2,336,817)**
Interfund transfers (Note 14)		(604,224)	(865,644)	649,103	(44,879)	604,224	865,644
Increase (decrease) in fund balances		**505,822**	**1,326,663**	**6,153,059**	**12,805**	**6,165,864**	**(1,471,173)**
Fund Balance, beginning of year		(8,163,923)	(9,490,586)	56,159,058	2,536,598	58,695,656	60,166,829
Fund Balance, end of year		$ (7,658,101)	$ (8,163,923)	62,312,117	2,549,403	64,861,520	58,695,656

† See also Schedule 1 - Expenses Classified by Object

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

For the Year Ended March 31, 2013

2013	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2013*
Fund Balance, beginning of year	$ (8,163,923)	$ 56,159,058	$ 2,536,598	$ 50,531,733
Excess (deficiency) of revenues over expenses	1,110,046	5,503,956	57,684	6,671,686
Interfund transfers (Note 14)	(604,224)	649,103	(44,879)	-
Fund Balance, end of year	$ (7,658,101)	$ 62,312,117	$ 2,549,403	$ 57,203,419

2012	*Operating Fund*	*Capital Fund*	*Community Trust Fund*	*Total 2012*
Fund Balance, beginning of year	$ (5,723,486)	$ 57,633,508	$ 2,533,321	$ 54,443,343
Adjustment to net assets (Note 16)	(3,767,100)			(3,767,100)
Fund balance, beginning of year, as currently reported	(9,490,586)	57,633,508	2,533,321	50,676,243
Excess (deficiency) of revenues over expenses	2,192,307	(2,438,604)	101,787	(144,510)
Interfund transfers (Note 14)	(865,644)	964,154	(98,510)	-
Fund Balance, end of year	$ (8,163,923)	$ 56,159,058	$ 2,536,598	$ **50,531,733**

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the Year Ended March 31, 2013

	Operating Fund		Restricted Funds			
	2013	2012 (Note 9)	Capital Fund	Community Trust Fund	Total 2013	Total 2012 (Note 9)
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 1,110,046	2,192,307	5,503,956	57,684	5,561,640	(2,336,817)
Amortization of Capital Assets	-	-	2,930,460	-	2,930,460	3,099,463
Loss (Gain) on Disposal of Capital Assets	-	-	(7,982)	-	(7,982)	-
Net change in non-cash working capital						
Saskatchewan Health - General Fund	(41,210)	(79,201)	(2,184,906)	-	(2,184,906)	-
Accounts Receivable - Interfund	29,322	9,977	-	(29,322)	(29,322)	(9,977)
Accounts Receivable - Other	(110,882)	(1,143,657)	563,248	(879)	562,369	(1,402,125)
Inventories	57,637	41,312	-	-	-	-
Prepaid Expenses	(164,861)	(114,620)	-	-	-	-
Accounts Payable	991,150	(123,439)	(851,660)	-	(851,660)	1,778,111
Accrued Salaries and Benefits	717,917	(370,164)	-	-	-	-
Accrued Vacation	223,683	255,455	-	-	-	-
Deferred Contributions	(174,526)	(835,980)	-	-	-	-
Employee future benefits	(32,600)	(51,700)				
	2,605,676	(219,710)	5,953,116	27,483	5,980,599	1,128,655
Purchase of Capital Assets	-	-	(17,613,173)	-	(17,613,173)	(7,543,761)
Proceeds from sale of Capital Assets	-	-	14,250	-	14,250	-
Net change in Restricted Cash and Investments	(136)	277	-	-	-	-
Purchase of Investments	(423)	(387)	-	-	-	-
Proceeds from Investments	-	-	-	(11)	(11)	(12)
Proceeds from Loan Receivable	-	-	-	-	-	-
	(559)	(110)	(17,598,923)	(11)	(17,598,934)	(7,543,773)
Repayment of Debt	-	-	(552,139)	-	(552,139)	(498,665)
Proceeds from Capital Lease	-	-	-	-	-	135,190
	-	-	(552,139)	-	(552,139)	(363,475)
Net increase (decrease) in Cash Flow	$ 2,605,117	(219,820)	(12,197,946)	27,472	(12,170,474)	(6,778,593)
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 5,492,107	6,577,571	13,682,419	2,599,592	16,282,011	22,194,960
Interfund Transfers (Note 14)	(604,224)	(865,644)	649,103	(44,879)	604,224	865,644
Net increase (decrease) in Cash Flow	2,605,117	(219,820)	(12,197,946)	27,472	(12,170,474)	(6,778,593)
Balance at end of year	$ 7,493,000	5,492,107	2,133,576	2,582,185	4,715,761	16,282,011
			-			
Balance at end of year is comprised of:						
Cash and Cash Equivalents	7,493,000	5,492,107	2,133,576	2,382,185	4,515,761	15,882,011
Short Term Investments	-	-	-	200,000	200,000	400,000
Cash and Short Term Investments (Schedule 2)	$ 7,493,000	5,492,107	2,133,576	2,582,185	4,715,761	16,282,011
Supplementary Cash Flow Information						
Interest Paid	$ -	-	218,318	-	218,318	232,032

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These consolidated financial statements have been prepared in accordance with Canadian Public Sector Accounting (PSA) standards, issued by the Public Sector Accounting board of the Canadian Institute of Chartered Accountants (CICA). SCRHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the SCRHA's first consolidated financial statements prepared in accordance with PSA standards, Section PS 2125, *First-time Adoption by Government* Organizations, has been applied. SCRHA has also chosen to early adopt Section PS 3450, *Financial Instruments*, as further explained in Note 15.

The RHA's consolidated financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 16.

a) Health Care Organizations (HCO)

i) The SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Stoughton Ambulance
Supreme Ambulance

Note 12 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 12 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 12 b) iii) provides supplementary information regarding the donations received from the foundations.

2. Significant Accounting Policies - continued

b) Fund Accounting

The accounts of the SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

2. **Significant Accounting Policies - continued**

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Employee future benefits

i) Pension plan:

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

SCHRA provides sick leave benefits for employees that accumulate but do not vest. SCHRA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Consolidated Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2013 (2012 – none), the SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

2. Significant Accounting Policies - continued

j) Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2013			2012
	Cost	Accumulated Amortization	Net	Net
Land	$ 677,154	$ -	$ 677,154	$ 683,421
Land Improvements	785,915	693,924	91,991	104,615
Leasehold Improvements	209,143	209,143	-	-
Buildings	70,870,072	36,900,076	33,969,996	35,427,210
Equipment	16,378,810	12,207,686	4,171,124	4,493,914
Construction in progress	23,567,674	-	23,567,674	6,990,791
Under Capital Lease: Equipment	576,815	371,755	205,060	306,603
	$ 113,065,583	$ 50,382,584	$ 62,682,999	$ 48,006,554

4. Contractual obligations

a) Capital Asset Acquisitions

At March 31, 2013, the commitments for acquisition of capital assets were $369,411 (2012 - $357,372).

b) Capital Infrastructure Projects

At March 31, 2013 the commitments for specific capital infrastructure projects were $806,956 (2012 - $775,250).

c) Capital Building Projects

SCRHA has two capital buildings in construction. There is $32,494,817 in signed contracts for the two building projects which SCRHA has spent $21,849,817 as of March 31, 2013.

SCRHA has one capital building in the planning stage. There is $893,325 in signed contracts for the building project which SCRHA has spent $516,047 as of March 31, 2013. A co-ownership agreement exists with the Ministry of Health who will assume 72.2% of both the asset and the contractual obligation.

d) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2014	$ 972,939
2015	$ 702,988
2016	$ 27,315
2017	$ 10,946
2018	$ -

4. Commitments - continued

e) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Equipment	Equipment	Total
Interest rate	3.6%	4.75%	0.88%	4.28%	
Expiry date	Dec. 31, 2014	Sept. 2, 2013	Jun. 1, 2016	Jan. 1, 2016	
2014	$ 110,513	$ 1,605	$ 26,326	$ 1,719	$ 140,163
2015	92,094	-	26,326	1,719	$ 120,139
2016	-	-	26,326	1,289	$ 27,615
2017	-	-	6,581	-	$ 6,581
2018	-	-	-	-	$ -
Total minimum lease payments	202,607	1,605	85,559	4,727	$ 294,498
Amount representing interest	(6,813)	(19)	(1,237)	(276)	$ (8,345)
Balance of the obligation	195,794	1,586	84,322	4,451	$ 286,153
Less: Current Portion	(110,513)	(1,586)	(26,326)	(1,719)	$ (140,144)
	$ 85,281	$ -	$ 57,996	$ 2,732	$ 146,009

f) Contracted Health Service Operators

The SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in the SCRHA similar to those provided in the year ending March 31, 2013. Note 12 b) i) provides supplementary information on Health Care Organizations.

5. Patient and Resident Trust Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are $46,442 (2012 - $45,168).

6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2013	2012
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of .905%. Mortgage renewal date - August 1, 2016	$ 748,450	$ 822,199
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	65,608	73,635
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	49,758	62,694
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	57,782	61,755
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	287,340	298,712
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of -0.512%. Mortgage renewal date - August 1, 2016	781,864	890,653
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	67,377	82,101
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	51,793	59,595
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding an effective interest rate of 1.235%. Mortgage renewal date - February 1, 2016	341,752	370,047
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding an effective interest rate of 1.248%. Mortgage renewal date - February 1, 2016	316,131	343,456
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding an effective interest rate of 1.091%. Mortgage renewal date - February 1, 2016	473,926	519,265
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	36,489	42,940
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding an effective interest rate of 0.350%. Mortgage renewal date - December 1, 2013	698,752	770,596
			$ 3,977,022	$ 4,397,648
		Less: Current Portion	438,578	417,401
			$ 3,538,444	$ 3,980,247

6. **Mortgages Payable - continued**

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years are estimated as follows:

2014	438,578
2015	461,106
2016	484,294
2017	508,675
2018	534,081
2019 and thereafter	1,550,287

7. **Volunteer Services**

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

8. **Budget**

The SCRHA Board approved the 2012-2013 budget on May 30, 2012.

9. **Comparative Information**

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

10. **Pay for Performance**

Effective June 28, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump sum performance adjustments'. Senior employees are eligible to earn up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

11. Deferred Revenue

At March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 210,419	$ 47,723	$ 140,000	$ 302,696
Aboriginal Awareness	3,781	3,781	-	-
Bursary Funding	-	6,000	25,000	19,000
Professional Development	18,747	11,391	-	7,356
Safety Training Initiatives	20,434	20,434	-	-
MDS for Home Care	2,163	2,163	-	-
Quality Workplace Initiative	124,428	21,251	-	103,177
Community Supports	13,456	8,178	-	5,278
Youth Drug Detox	61,358	43,737	-	17,621
Autism	163,165	48,037	-	115,128
Infection Control Initiatives	55,252	55,252	52,373	52,373
Recruitment Initiatives	30,000	30,000	-	-
Surgical Initiatives	189,447	160,306	-	29,141
Enhanced Dental Program	30,695	-	-	30,695
Oral Health Strategy	-	-	28,900	28,900
Endoscopy Software	-	-	60,000	60,000
Locum Program	-		62,500	62,500
Total Sask Health	**$ 923,345**	**$ 458,253**	**$ 368,773**	**$ 833,865**
Other Initiatives				
SUN Recruitment & Retention	185,048	23,234		161,814
LEAN Initiative	87,704	81,924		5,780
Autism Spectrum	76,506	74,430		2,076
Primary Health - Special Projects	-	-	100,000	100,000
Other Revenue received in advance	643,029	208,249	202,791	637,571
Total Non Sask Health	**$ 992,287**	**$ 387,837**	**$ 302,791**	**$ 907,241**
Total Deferred Revenue	**$ 1,915,632**	**$ 846,090**	**$ 671,564**	**$ 1,741,106**

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 197,368	$ 26,949	$ 40,000	$ 210,419
Aboriginal Awareness	5,556	16,775	15,000	3,781
Professional Development	69,392	50,645		18,747
Safety Training Initiatives	60,022	39,588		20,434
SIMS and PHIS	11,696	11,696		-
MDS for Home Care	2,163	-		2,163
Quality Workplace Initiative	124,428			124,428
Community Supports	31,865	18,409		13,456
Youth Drug Detox	61,358			61,358
Autism	134,484	40,319	69,000	163,165
Infection Control Initiatives	84,837	80,512	50,927	55,252
MH Approved Home Enhancements	-			-
Recruitment Initiatives	30,000			30,000
Surgical Initiatives	643,420	453,973		189,447
Enhanced Dental Program	-		30,695	30,695
Life & Health Spending Account	82,295	82,295		-
Total Sask Health	**$ 1,538,884**	**$ 821,161**	**$ 205,622**	**$ 923,345**
Non Sask Health Initiatives				
SUN Recruitment & Retention	251,729	66,681		185,048
LEAN Initiative	172,644	84,940		87,704
Autism Spectrum	80,000	43,494	40,000	76,506
Other Revenue received in advance	708,355	381,313	315,987	643,029
Total Non Sask Health	**$ 1,212,728**	**$ 576,428**	**$ 355,987**	**$ 992,287**
Total Deferred Revenue	**$ 2,751,612**	**$ 1,397,589**	**$ 561,609**	**$ 1,915,632**

12. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2013	*2012 (Note 9)*
Revenues		
Ministry of Health	$ 1,209,936	$ 1,381,282
Saskatchewan Government Insurance	170,972	178,757
Workers' Compensation Board	292,829	372,391
	$ 1,673,737	$ 1,932,430
Expenses		
Canadian Mental Health Assocaition	$ 132,226	$ 128,804
eHealth Saskatchewan	73,892	108,491
Fillmore Ambulance	73,260	77,610
Provincial Public Safety Telecommunications Network	78,684	79,570
Public Employees Pension Plan	168,011	177,824
Radville Marian Health Centre	3,406,374	3,477,464
Regina Qu'Appelle Health Region	214,973	156,610
3SHealth	5,393,279	5,653,283
Saskatchewan Health Employees Pension Plan	9,847,155	10,409,867
Saskatchewan Power Corporation	1,086,369	1,153,840
Saskatchewan Property Management	850,633	857,557
Saskatchewan Telecommunications	409,211	409,489
SaskEnergy Incorporated	525,662	614,495
SMILE Services Inc.	65,025	60,727
St. Joseph's Hospital	16,997,001	17,680,548
Supreme Ambulance (Carlyle)	397,755	379,187
The Border-line Housing Company (1975) Ltd	1,663,597	1,649,725
Webyburn Group Home Society	290,364	332,865
Workers' Compensation Board	1,427,051	1,477,925
	$ 43,100,522	$ 44,885,881

12. a) Related Party Transactions - continued

	2013	2012
Accounts Receivable		
St. Joseph's Hospital	$ 48,631	$ 104,498
Ministry of Health	110,657	177,908
Workers' Compensation Board	40,423	66,542
	$ 199,711	$ 348,948
Prepaid Expenses		
Workers' Compensation Board	$ 560,254	$ 376,735
	$ 560,254	$ 376,735
Accounts Payable		
Regina Qu'Appelle Health Region	$ 70,961	$ 31,649
3SHealth	279,463	305,616
Saskatchewan Health Employees Pension Plan	794,159	782,478
Saskatchewan Power Corporation	80,980	51,251
Saskatchewan Property Management	81,104	100,531
SaskEnergy Incorporated	54,321	56,676
St. Joseph's Hospital	171,879	114,902
	$ 1,532,867	$ 1,443,103

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2013	2012
Canadian Mental Health Association	$ 126,866	$ 124,868
Fillmore Ambulance	73,260	77,610
SMILE Services Inc.	60,721	59,765
Supreme Ambulance (Carlyle)	397,755	379,187
Stoughton Ambulance	88,000	16,000
Weyburn Group Home Society Inc.	282,004	265,804
	$ 1,028,606	$ 923,234

12. b) Health Care Organizations - continued

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2013	2012 (Note 9)
St. Joseph's Hospital	$ 16,125,031	$ 16,849,588
Radville Marian Health Centre	3,406,374	3,477,464
The Border-line Housing Company (1975) Ltd.	1,663,597	1,649,725
Total	$ 21,195,002	$ 21,976,777

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2013 and 2012 and for the years then ended:

	2013	2012 (Note 9)
Balance Sheet		
Assets	$ 4,269,869	$ 3,886,512
Net Capital Assets	23,932,901	24,724,627
Total Assets	$ 28,202,770	$ 28,611,139
Total Liabilities	5,760,614	5,813,370
Total Net Assets	22,442,156	22,797,769
Total Liabilities and Net Assets	$ 28,202,770	$ 28,611,139
Results of Operations and Fund Balances		
SCRHA Grant	$ 21,379,093	$ 21,620,380
Other Revenue	5,468,256	5,444,080
Total Revenue	$ 26,847,349	$ 27,064,460
Salaries & Benefits	20,577,028	20,508,078
Other Expenses *	6,625,894	6,284,867
Total Expenses	27,202,922	26,792,945
Excess (Deficiency) Revenue over Expenses	$ (355,573)	$ 271,515

* Other Expenses includes amortization of $1,592,123 (2012 - $1,522,151)

Cash Flows		
Cash from Operations	$ 1,211,208	$ 1,649,028
Cash provided by (used in) Financing Activities	(58,505)	433,272
Cash provided by (used in) Investing Activities *	(800,394)	(1,735,133)
Increase (Decrease) in Cash	$ 352,309	$ 347,167

* Cash used in Investing Activities includes capital purchases of $800,394 (2012 - $1,770,796)

12. b) Health Care Organizations - continued

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2013	*2012*
Redvers & District Community Health Foundation Inc.	$ 1,898,654	$ 633
Radville & District Health Centre Foundation Inc.	$ 2,896,524	$ -
Coronach and Area Health Care Foundation	$ -	$ -
Kipling District Health Foundation Inc.	$ -	$ -
Wawota Health Care Foundation Inc.	$ -	$ -

13. **Employee future benefits**

a) Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (PEPP) (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

The SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the SCRHA contribution amount below.

	2013	2013		2012
	SHEPP	PEPP	Total	Total
Number of active members	1,554	18	1,572	1,541
Member contribution rate, percentage of salary	7.7 - 10.0 % *	5 - 7 %*		
SCRHA contribution rate, percentage of salary	8.62 - 11.2 % *	6 - 7 %*		
Member contributions (thousands of dollars)	5,010	79	5,089	4,992
SCRHA contributions (thousands of dollars)	5,611	80	5,691	5,583

*Contributions rate varies based on employee group.

1. Active members are employees of the SCRHA, including those on leave of absence as of March 31, 2013. Inactive members are not reported by the SCRHA, their plans are transferred to SHEPP and managed directly by them.

13. Employee future benefits - continued

b) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. SCHRA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount Rate	2.75%	3.75%
Rate of inflation	0% - 2 %	0% - 2 %
(other significant assumptions as per actuarial valuation)		

	2013	2012
Accrued benefit obligation, beginning of year	$ 3,715,400	$ 3,767,100
Cost for the year	$ 594,100	$ 568,800
Benefits paid during the year	$ (626,700)	$ (620,500)
Accrued benefit obligation, end of year	$ 3,682,800	$ 3,715,400

14. Interfund Transfers

Each year the SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2013			2012		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (6,532)	$ 26,411	$ (19,879)	$ (248,968)	$ 322,478	$ (73,510)
Mortgage principle & interest	(504,433)	504,433		(504,443)	504,443	
SHC reserves - Allocation	(105,488)	105,488		(105,488)	105,488	
SHC reserves - R & M	85,229	(85,229)		113,071	(113,071)	
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	(23,000)	23,000		(69,816)	69,816	-
	$ (604,224)	$ 649,103	$ (44,879)	$ (865,644)	$ 964,154	$ (98,510)

15. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management

SCRHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that SCHRA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the SCHRA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. SCRHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2013	2012
Cash and short-term investments	$ 12,217,614	$ 21,782,835
Accounts receivable		
Ministry of Health - General Revenue Fund	2,521,964	295,848
Other	3,094,217	3,545,704
Investments	18,666	18,232
	$ 5,634,847	$ 3,859,784

SCHRA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. SCHRA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect SCRHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

SCHRA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of SCHRA. SCRHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

15. **Financial Instruments - continued**

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose SCHRA to cash flow interest rate risk. SCHRA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. SCRHA's mortgages payable outstanding as at March 31, 2013 and 2012 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

e) Liquidity risk:

Liquidity risk is the risk that SCHRA will not be able to meet its financial obligations as they become due.

SCHRA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, SCRHA has a cash balance of $12,208,761 (2012 - $21,774,118).

f) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Accounts receivable
  Interfund loan
  Accounts payable
  Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

- The fair value of mortgages payable before the repayment required within one year, is $4,272,097 (2012 - $4,764,580) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

15. Financial Instruments - continued

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investment, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For the financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgement and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were not items measured at fair value using level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

	2013			2012		
	Level 1	Level 2	Total	Level 1	Level 2	Total
Investments	$ -	$ 900,549	$ 900,549	$ -	$ 1,094,751	$ 1,094,751
Mortgages payable	$ -	$ 3,538,444	$ 3,538,444	$ -	$ 3,980,247	$ 3,980,247

g) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2013 and 2012.

16. Transition to public sector accounting framework

As stated in Note 2, these are the SCRHA's first consolidated financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the consolidated financial statement for the year ended March 31, 2013, the comparative information presented in these consolidated financial statements and the opening statement of financial position as at April1, 2011 (SCHRA's date of transition to public sector accounting standards).

a) Financial instruments

Effective April 1, 2012 SCHRA adopted the PSA standards for Financial Instruments (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoptions of Section PS 3450 SCRHA was required to assign its financial instruments to one of two measurement categories: fair value; or cost amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. SCHRA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments, reported in these consolidated financial statements. There were additional item related to presentation and disclosure of financial instruments that have been added to Note 15 as a result of the adoption of this standard.

16. **Transition to public sector accounting framework - continued**

b) Employee future benefits

SCHRA made an adjustment to the 2011 consolidated financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy difference under public sector account standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $3,767,100. Employee future benefit expense for the year ended March 31, 2012 decreased by $51,700.

Summary of adjustments

c) Total Fund balances:

The following table summarized the impact of the transition to PSA standards on the SCRHA's total fund balances as of April 1, 2011:

Total Fund Balances as at April 1, 2011:		
Total Fund balances, as previously reported	$	54,443,343
Adjustment to employee future benefits liability		(3,767,100)
Total Fund balances, as currently reported	$	50,676,243

d) Excess (deficiency) of operating fund revenues over expenses:

As a result of the retrospective application of PSA standards, SCHRA recorded the following adjustment to excess (deficiency) of operating fund revenues over expenses for the year ended March 31, 2012:

Excess (deficiency) of operating fund revenues over expenses for the year ended March 31, 2012:		
Excess (deficiency) of operating fund revenues over expenses, as previously reported	$	(196,210)
Adjustment to employee future benefits expense		51,700
Excess (deficiency) of operating fund revenues over expenses, as currently reported	$	(144,510)

Schedule 1

Schedule of Expenses by Object

	Budget 2013 (Note 8)	Actual 2013	Actual 2012 (Note 9)
Operating:			
Advertising & public relations	$ 250,704	149,408	189,827
Board costs	120,549	116,434	130,252
Compensation - Benefits	16,007,882	15,798,346	15,403,224
Compensation - Employee Future Benefits	-	(32,600)	(51,700)
Compensation - Salaries	78,912,400	80,203,062	77,405,452
Continuing education fees & materials	255,026	248,114	287,835
Contracted-out services - Other	822,733	945,870	909,636
Diagnostic imaging supplies	64,185	48,144	65,375
Dietary supplies	134,320	149,229	150,502
Drugs	490,875	435,205	455,064
Food	1,477,495	1,376,270	1,438,716
Grants to ambulance services	483,015	559,015	472,797
Grants to health care organizations & affiliates	21,172,396	21,477,467	22,002,494
Housekeeping & laundry supplies	325,895	346,030	328,692
Information technology contracts	530,959	507,142	463,713
Insurance	247,386	367,416	337,123
Interest	13,921	11,873	15,669
Laboratory supplies	635,433	594,573	634,505
Medical & surgical supplies	1,673,214	1,605,813	1,711,800
Medical remuneration & benefits	3,544,928	3,729,054	3,494,002
Meetings	28,746	35,835	28,508
Office supplies & other office costs	895,391	872,797	858,506
Other	178,517	282,396	537,487
Professional fees	1,740,879	2,354,095	1,930,735
Prosthetics	-	-	-
Purchased salaries	632,936	575,137	639,828
Rent/lease/purchase costs	908,369	1,068,168	1,149,489
Repairs & maintenance	1,829,716	2,851,341	3,419,046
Supplies - Other	494,549	317,763	400,809
Therapeutic supplies	14,274	17,623	28,642
Travel	1,402,368	1,467,710	1,372,739
Utilities	1,987,008	1,835,442	1,886,530
Total Operating Expenses	**$ 137,276,069**	**140,314,172**	**138,097,297**
Restricted:			
Amortization of Capital Assets		$ 2,930,460	3,099,463
Grants to Third Parties		187,126	424,720
(Gain) Loss on Disposal of Capital Assets		(7,982)	-
Mortgage Interest Expense		216,294	229,280
Other		412,103	955,399
		$ 3,738,001	**4,708,862**

(See accompanying notes)

Schedule 2

Schedule of Cash and Investments

	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS				
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Spectra Credit Union	$ 1,550,138			
Midale Credit Union	1,589,482			
CIBC	-			
Prairie Pride Credit Union	387,192			
RBC Investment Account	64,972			
Royal Bank - Money Maker Plus	29,401			
Royal Bank	41,809			
	$ 3,662,994			
Term Deposit				
Prairie Pride Credit Union - Term Certificates	200,000	August 18, 2014	1.750%	1.750%
	$ 200,000			
Total Cash & Short Term Investments	$ 3,862,994			
Long Term				
Midale Credit Union - equity	$ 2,353			
Total Long Term Investments	$ 2,353			
Total Externally Restricted Investments	**$ 3,865,347**			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 117,710			
Spectra Credit Union	743,910			
Total Internally Restricted Investments	**$ 861,620**			
Unrestricted Investments				
Cash and Short Term				
Spectra Credit Union	7,004,534			
CIBC Money Market Fund	488,168			
Wood Gundy	298			
Total Cash & Short Term Investments	7,493,000			
Long Term				
Co-op Equity	16,313			
Total Unrestricted Investments	**$ 7,509,313**			
Total Investments	$ 12,236,280			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 12,217,614			
Total Long Term	$ 18,666			
Total Investments	$ 12,236,280			

*Restricted Investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

(See accompanying notes)

Schedule 3

Schedule of Externally Restricted Funds

Community Trust Fund

Trust Name	Balance Start of Year (Note 9)	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Fillmore Area Trust Fund	$ 136,146	163	-	(126)		136,183
Gainsborough Area Trust Fund	616,971	9,835	3,365	(49,077)		581,094
Lamprnan Area Trust Fund	98,916	3,382	16,943	(18,225)	(10,395)	90,621
Midale Area Trust Fund	1,522,421	15,747	243,145	(161,826)	(30,163)	1,589,324
Oxbow Area Trust Fund	162,144	3,266	15,237	(24,145)	(4,321)	152,181
	$ 2,536,598	**32,393**	**278,690**	**(253,399)**	**(44,879)**	**2,549,403**

Capital Fund Balances

	Balance Start of Year (Note 9)	Investment & Other Revenue	Capital Funding & Donations	Expenses	Transfer to Investment in Capital Fund	Balance End of Year
Arcola Health Centre	$ 68,258	885		(15,278)	-	53,865
Ministry of Health Capital Funding (Note 4)	11,365,791	34,780	4,647,621	(13,761,938)	(398,000)	1,888,254
Moose Mountain Lodge	42,776	583		-	-	43,359
Weyburn General Hospital Building	652,855	8,950	6,000	-	-	667,805
Weyburn General Hospital Equipment	376,158	5,159	15,000	-	-	396,317
Other communities	16,302	390	105,159	(114,580)	-	7,271
Other communities - LTC facilities	-		3,999,322	(3,999,322)	-	-
	$ 12,522,140	**50,747**	**8,773,102**	**(17,891,118)**	**(398,000)**	**3,056,871**

(See accompanying notes)

Schedule 4

Schedule of Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ -	-	6,540	(6,540)	-	-
Weyburn Special Care Home	13,218	293	44,968	(22,591)	-	35,888
Estevan Regional Nursing Home	-		15,500	(15,500)	-	-
Newhope Pioneer Lodge	-		10,000	(10,000)	-	-
Wawota Deerview Lodge	-		7,745	(7,745)	-	-
Carlyle Moose Mountain Lodge	-		8,235	(8,235)	-	-
Kipling Willowdale Lodge	2,072	46	6,500	(8,618)	-	-
Redvers Centennial Haven	-		6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	128		75,000	(75,128)	-	-
Capital Acquisitions	449,628	1,061	398,000	(31,810)	-	816,879
Total Capital Internally Restricted Fund Balances	**465,046**	**1,400**	**578,488**	**(192,167)**	-	**852,767**
Operating Internally Restricted Fund Balances						
Quality Workplace	8,717	136	-	-	-	8,853
Total Operating Internally Restricted Fund Balances	**8,717**	**136**	-	-	-	**8,853**
Total Internally Restricted Fund Balances	$ **473,763**	**1,536**	**578,488**	**(192,167)**	-	**861,620**

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2012 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2012 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2013 Total	March 31, 2012
Arthur, Alan J.	$ -	$ 3,037	$ 1,513	$ 2,724	$ -	$ 80	$ 7,354	$ 9,481
Bauche, Sharon R.	1,660	5,325	3,650	5,197	-	-	15,832	44,758
Brickley, Robert	-	1,524	788	1,133	-	-	3,445	-
Carr, Lori	-	6,363	2,362	4,495	-	273	13,493	14,602
Charlton, Marilyn	8,300	12,306	4,519	4,512	-	1,071	30,708	11,084
Palmer, Vern	-	2,625	1,375	2,286	-	85	6,371	7,633
Pedlar, Debbie	-	-	-	-	-	-	-	291
Rodine, Derrell	-	4,850	1,537	2,146	-	-	8,533	10,999
St. Onge, Gary	-	4,301	1,600	4,396	-	85	10,382	-
StandingReady, Darlene	-	-	-	-	-	-	-	6,167
Stephenson, Karen	-	6,850	1,175	1,948	-	-	9,973	12,745
Trombley, Audrey	-	4,188	1,899	3,167	-	84	9,338	-
Tunall, Eileen	-	1,200	563	920	-	-	2,683	11,789
Total	$ 9,960	$ 52,569	$ 20,981	$ 32,924	$ -	$ 1,678	$ 118,112	$ 129,549

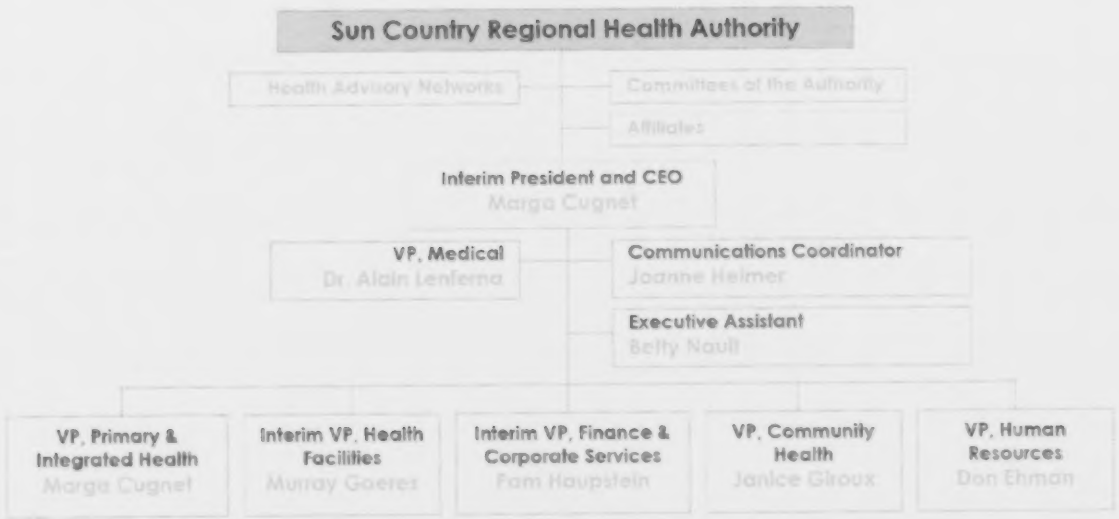
Senior Management Salaries, Benefits, Allowances, and Severance

	March 31, 2013					March 31, 2012		
Senior Employees	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances	Severance	Total
Marga Cugnet, CEO (3)	325,511	-	325,511	-	325,511	199,149	-	199,149
John Knoch, VP Finance & Corporate Services (4)	30,587	-	30,587	-	30,587	-	-	-
Pamela Haupstein, Interim VP Finance & Corporate Services (5)	147,782	-	147,782	-	147,782	143,825	-	143,825
Janice Giroux, VP Community Programs	173,255	-	173,255	-	173,255	161,786	-	161,786
Don Ehman, VP Human Resources	173,883	-	173,883	-	173,883	160,842	-	160,842
Alain Lenferna, VP Medical	290,815	-	290,815	-	290,815	271,308	-	271,308
Murray Goeres, Interim VP of Facilites	176,190	-	176,190	-	176,190	157,506	-	157,506
	$ 1,318,023	$ -	$ 1,318,023	$ -	$ 1,318,023	$ 1,094,416	$ -	$ 1,094,416

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.
Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. This schedule will be amended in the 2012-13 fiscal year to reflect performance adjustments.
Refer to Note 10 for further details.
(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee.
This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.
(3) Marga Cugnet started the position Interim CEO September, 2010, replacing Cal Tant. She became permanent CEO July, 2012.
(4) John Knoch started the position of VP Finance & Corporate Services January, 2013
(5) Pamela Haupstein started the position Interim VP Finance & Corporate Services September, 2010, replacing Hal Schmidt.

Appendices

Appendix 1
ORGANIZATION CHART



Appendix 2

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2013

Personal Services

Listed are individuals who received payment for salaries, wages, honorariums, etc. which total $50,000 or more

AHMED, DEQA	77,436
AKINS, SHENAN	108,940
AKINS, JOCELYN	52,984
ALBERTS, JANET	50,878
ALELUNAS, PAT	97,889
ALEXUS, SHANNON	90,688
ALIPIO, ELIZABETH	86,115
ANDERSON, CAROL	89,281
ANDERSON, TORI	64,279
ANDERSON, TROY	51,890
ARNOLD, STEPHEN	67,647
ASHWORTH, CHRISTINE	61,606
AVERY, SHELLEY	76,422
AYER, ANGELINE	58,438
BAHT, JODI	90,639
BAKALUK, RANDALL	69,577
BALOG, KIMBERLY	60,283
BARATH, TERRI	79,508
BARNABAS, IDA	112,535
BARNES, MARK	52,672
BARSI, DOROTHY	92,783
BARTLETT, DELEE	90,684
BATES, MARJORIE	84,683
BATT, SHELLEY	50,122
BATTERS, SHARON	77,475
BAUN, SHERI	71,556
BEAHM, JAN	73,093
BEATTIE, KELLY	100,686
BEAUDOIN, TRINA	81,446
BEAUDRY, DEBORAH	91,287
BEDORE, TRACY	67,573
BEDORE, AMANDA	64,434
BELKE, BRADLEY	117,055
BELL, DEBRA	55,111
BENSON, TERRY	89,791
BIEBERDORF, NATALIE	91,075
BIRCH, JASMINE	51,624
BLACKSTOCK, BERNIE	98,803
BLYTH, SHIRLEY	111,645
BOARDMAN, SHELLEY	51,268
BODE, JEAN	94,377
BOSTOCK, KRISTA	91,089
BOURHIS, KAREN	51,847
BOUTIN, FRANCES	52,341
BOUVIER, LAURA	69,812
BRAATEN, LUCILLE	68,455
BRESCIANI, DOUGLAS	106,783
BROCK, JANETTE	60,451
BROWN, CAROL	93,483
BROWN, KELLY	85,517
BROWN, JUDITH	50,485
BRUMFIELD, BARRY	61,222
BRUNEAU, LOUISE	101,375
BUCKINGHAM, JOAN	72,294
BUMSTEAD, LARRY	69,214
BURDAN, EVAN	89,517
BURGESS, SUSAN	72,271
BURKE, SHAYNA	74,623
BURNETT, LORELEI	56,957
BYE, CANDY	107,908
CAMERON, TERON	88,219
CAMERON, VALERIE	73,385
CHARLES, LAUREL	90,167
CHICOINE, AMANDA	72,270
CHURKO, GEORGINA	66,707
CHURKO, CHERYL	54,722
CLARK, BARBARA	83,402
CLARK, SUSAN	64,001
CLARK, COLIN	63,604
CLAUDE, MIKE	86,847
CLEASBY, SANDRA	77,755
COBB, LENORA	104,205
COFFEY, LOIS	117,708
COLE, LAURIE	83,067
COONEY, DONNA	111,010
COONEY, JESSICA	71,698
CORLEY, ROSY	50,696
CORNISH, MARNELL	108,405
CORNISH, CRYSTAL	59,450
CORNISH, KEVIN	50,720
COVEY, MELAYNA	74,843
CRASSWELLER, PATRICIA	88,938
CROSS, SHANNON	100,294
CROSS, KENNETH	71,881
CUDDINGTON, DENISE	63,765
CUGNET, MARGARET	325,511
CUGNET, HEATHER	65,991
CURTIS, WENDY	52,372
CUTLER, JENNA	77,821
DAENCKAERT, VERONICA	75,143
DAKU, JEAN	140,322
DALZIEL, TAMMY	60,367
DANYLUK, SYLVIA	106,157
DAVIS, KATHY	108,850
DAVIS, CATHERINE	72,264
DAVIS, DONNA	51,475
DAY, CARMEN	88,776
DAYMAN, MONICA	98,961
DELA CRUZ, GLENY	91,090
DEREN, MARY	85,921
DEROOSE, JUDITH	101,863
DEW, HEATHER	71,831
DEW, ARIANE	59,911
DEWIT, LYNDSAY	58,790
DICKIE, BARRY	51,420
DIXON, JEANNETTE	65,101
DOMES, DAWNE	69,615
DONALD, TRISHA	60,726
DORSCH, HELENE	95,026
DREBNICKI, STACEY	64,447
DROZARIO, CHRISTINE	130,965
DUFFUS, LINDA	99,667
DUNCAN, ALISON	101,581
DZUBA, BONNIE	52,322
EALEY, PAULA	73,014
EARL, SHAUNA	57,976
EAST, DEANNA	57,771
EASTON, COLLEEN	105,996

EDDY, CHARLES	90,770
EHMAN, DON	173,883
ELIAS WHITE, JENNIFER	98,313
FARNDEN, JOANNE	119,379
FARRELL, NANCY	55,614
FEDAK, STEPHANIE	84,077
FICHTER, TAMARA	68,833
FISH, KELLY	89,476
FISTER, VALERIE	89,974
FLOREK, LISA	66,407
FLOYD, KAREN	60,191
FOLBAR, CHRYSTA	74,712
FOLBAR, SHELLEY	56,147
FORD, NICOLA	71,624
FORNWALD, JUDITH	78,388
FORSETH, SHARON	52,455
FOX, MARVIN	84,343
FRAZER, REJEANNE	59,083
FREEMAN, BRENDA	91,995
FREY, SARAH	95,075
FREY, ANGELA	80,431
FURGASON, DEANDRA	60,794
GABRIEL, MAUREEN	103,557
GAETZ, KIMBERLY	56,392
GAMMACK, KARLI	59,650
GARAGAN, LISA	66,507
GARVEY, CARON	90,258
GAUDRY, SUSAN	84,102
GECOSALA, CYNTHIA	130,987
GECOSALA, APRIL	102,161
GERVAIS, ANGELA	62,683
GERVAIS, TAMMY	50,438
GERVERO, MAYSUNFE	109,249
GESSNER, KATHLEEN	61,009
GIBSON, JENNIFER	94,970
GIBSON, SUZANNE	79,467
GILLES HOEFER, SANDRA	92,741
GIRARDIN, THERESA	100,939
GIROUX, JANICE	173,255
GLAB, JOHNNIE	60,330
GODENIR, PAULETTE	51,781
GOERES, MURRAY	176,190
GOLD, DAWN	70,802
GOUDY, SHEILA	50,027
GREENBANK, JENNIENE	72,364
GREENING, JEFFERY	100,541
GRIFFITHS, MARIE	64,958
GUENTHER, CRYSTAL	92,444
GUILLOUX, EDITH	94,800
GUTHEIL, CAROLE B	94,203
HACK, TRACY	90,512
HAINES, ASHLEY	50,151
HALE, KENDRA	65,588
HALLBERG, KARI	101,619
HAMILTON, SALLY	60,646
HAMMELL, LAURIE	95,763
HANCHUK, KRISTEN	65,322
HAND, ARLENE	55,945
HANSON, JUDY	56,382
HARTNESS, MELANIE	59,509
HARVEY, MARION	74,848
HASSLER, KARISSA	60,403
HAUGLUM, TERRY	104,019
HAUPSTEIN, PAMELA	168,882
HAUS, BONNIE	76,426
HEAMAN, JENNA	95,075
HELMER, JOANNE	73,075
HENGEN, CARRIE	56,005
HEPP, MELANIE	90,037
HERBERHOLZ HAGEL, KARLY	91,998
HERMAN, COLLEEN	71,702
HERMANN, HOLLEY	75,542
HEWITT, PATRICIA	50,268
HILL, CAROLINE	106,116
HILL, G RONALD	104,640
HILL, LAURIE	98,132
HILL, MARILYN	77,487
HILL, JENNIFER	60,200
HILTS, CRYSTAL	86,759
HJERTAAS, NAOMI	100,636
HOFFART, SHELLEY	96,159
HOFLAND, TAMMY	115,825
HOIUM, CYNTHIA	106,009
HOIUM, FAYE	52,588
HOLLINGSHEAD, JOANNE	71,012
HOLTZ, STACEY	72,571
HOUSTON, NORA	76,623
HOWSE, KEITH	89,849
HUEL, TANIA	107,004
HUISH, HAYLEY	78,243
IRWIN, SARA	106,157
ISLEIFSON, BERTHA	70,692
JENSEN, CHRISTOPH	108,896
JENSEN, TRENT	70,872
JENSEN, SHIRLEY	57,793
JOHNSON, ANNE	94,365
JOHNSON, JOANNE	82,081
JOHNSON, EILEEN	73,847
JOHNSON, CHERYL	69,229
JOHNSON HALLBERG, LISA	90,443
JONASSEN, LOUANNE	88,879
JONES, RICHELLE	69,304
JOSEPH, JITHU	78,413
KAPELL, RILLA	92,956
KAPELL, TAMARA	53,047
KATSCHKE, LORNA	99,378
KAUF, BERT	76,044
KAVALENCH, VANESSA	60,388
KEATING, JOSELENE	69,971
KEHLER, ANITA	85,349
KENNETT RUSSILL, DEBRA	73,708
KENT, SARAH	68,198
KERR, STEPHANIE	73,496
KERSLAKE, AGNES	75,342
KESSLER, PATRICIA	111,336
KESSLERING, KIMBERLY	80,414
KETURAKIS, MARY JANE	74,896
KEW, VIVIAN	61,602
KISH, TOMMI	68,442
KISH, GLORIA	60,210
KITCHEN, DONNA	74,832
KLEEMOLA, TARJA	88,682
KLEPPE, LAURIE	64,304
KNIBBS, RELNA	72,005
KNIBBS, DAWN	53,143
KNOX, JENNY	64,628
KOBITZ, SHEILA	79,520
KOPEC, CANDACE	78,460
KORBO, TRINA	54,369
KOSIOR, DEBORAH	105,751
KOT, GRACE	92,668
KRAEMER, MAUREEN	84,552
KRAEMER, ELAINE	70,061
KUNTZ, BARB	67,514
KWOCHKA, TAMMY	81,641
KYRYLCHUK, JUDY	96,881
LABATTE, JANA	64,405
LAMONTAGNE, SHIRLEY	88,812
LANGENBERGER, SHIRLEY	50,789

LANGGAM, LOU	71,668
LANKTREE, CAIRRIE	64,560
LANSDELL, LANA	56,304
LAROSE, MICHELLE	67,969
LARSEN JAMES, NANCY	63,511
LARSON, SHEILA	123,481
LARSON, JODY	70,150
LAURENT, DEBRA	80,533
LAUTNER, FREDA	76,263
LAWRENCE, LEANNE	69,141
LAWRENCE NAYLEN, NANCY	61,806
LEBLANC, COURTNEY	85,233
LEBLANC, LEANNE	57,098
LEE, MICHAEL	112,175
LEE, COLLEEN	105,721
LEE, JENNIFER	95,417
LEEPART, KATIE	78,975
LENFERNA, ALAIN	290,815
LESY, JENNA	72,472
LESY, VAUNE	67,059
LITTLEMORE, JILL	62,155
LODEN, CATHERINE	64,452
LONGLEY, YVETTE	54,311
LOWE, JILL	65,973
LUECK, SHELLEY	76,437
LUISTRO, CINDY	56,050
LUSCOMBE, MICHELLE	94,173
LY, LILLIAN	61,935
MACPHEE, ALLAN	91,474
MADDESS, HELEN	55,343
MAHAFFEY, KALEY	70,329
MALIN, KATHLEEN	75,353
MALLORY, JOSEPHINE	98,004
MANNS, DANIEL	76,744
MANTEI, LANA	103,888
MARCOTTE, VANESSA	118,108
MARSHAK, ESTHER	79,750
MARSHALL, GWENDA	102,632
MARSHALL, PAULINE	51,876
MARTENS, LAWRENCE	64,731
MATSALLA, DONNA	73,798
MATTHEWS, ERICA	71,593
MATTHEWSON, MARTINA	59,246
MAY, PATRICIA	102,397
MC GONIGLE, DONNA	61,706
MCARTHUR BIG EAGLE, JUANITA	56,354
MCCALLUM, TRENT	80,517
MCCANNELL, MEGAN	75,158
MCCLARTY, LEILA	106,157
MCFADDEN, KATHY	91,811
MCKAY, MONA	106,555
MCKEE, CHRISTOPH	94,848
MCKEE, PENELOPE	58,806
MCKELL, NICOLE	73,336
MCLEOD, IRENE	90,464
MCPHERSON, CAROLYNN	65,059
MEGENBIR, JOHN	82,596
MILLER, JOAN	101,602
MILLER, WANDA	99,682
MILLER, TROY	74,554
MILLER HERTES, SHELLEY	104,881
MILLIGAN, CONNIE	62,628
MILTON, JULIE	93,307
MITCHELL, KRISTEN	63,062
MITTEN, MICHELE	97,500
MOHR, SUSAN	82,081
MOON, AMANDA	84,165
MOORE, DONNA	56,206
MORRICE, CINDY	52,346
MORRIS, ALISON	83,692
MORROW, CARL	50,064
MOWREY, GARY	59,831
MULHALL, SHARON	94,988
MURPHY, CRYSTAL	72,871
MURRAY, JOHN	77,711
NANKIVELL, CARRIE	63,214
NAULT, BETTY	66,713
NEISZ, BERNICE	53,431
NEUBERGER, CORTNEY	65,644
NEWTON, JOSIE	62,077
NICHOLSON, NOLA	68,440
NIMEGEERS, DEANNA	84,416
OBST, DEBORAH	106,103
OCHITWA, KAREN	105,930
OGDEN, REANNE	74,663
OLFERT, LARRY	81,784
OLSON, WENDY	63,108
OLSON, BRENT	62,992
OLSON, DENISE	60,351
OLSON, LINDA	59,801
OLSON, LEONARD	58,824
ONSTAD, DELINDA	90,626
OSBORN, JANEL	83,134
OSIBOWALE, FUNMILAYO	81,297
OXELGREN, SONIA	108,412
PADOL, AMELNAH	79,869
PALMER, RAEANN	56,789
PANTELUK, LORI	76,484
PARADIS, PAULINE	53,665
PATERSON, MARNY	69,924
PAULSON, C GRANT	89,197
PEDERSEN, ANDREW	97,296
PENNEY, KIMBERLY	77,222
PETERSEN, LEAH	87,008
PETERSON, CAROLYN	77,241
PETTITT, MARK	81,808
PICK, PAMELA	103,294
PICKERING, VALERIE	52,954
PIERCE COLBOW, DEANNA	95,296
PIERSON, KELLY	83,246
PIERSON, COLETTE	58,977
PLESSIS, ROSE	90,446
PLEWES, CHERYL	51,136
PORTER, LYNETTE	64,677
POSPISIL, NONA	96,200
PRAGNELL, JESSICA	82,753
PRYZNYK, SHAWN	88,392
PULFER, NANCY	69,852
PURVIS, DIANA	102,637
QUINTIN, PAMELLA	68,095
RAIWET, TANIA	86,970
RAJOTTE, TERRI	101,349
RAPITTA, CARMEN	74,651
RAYMOND, STEVEN	69,603
REID, DANICA	66,640
RENWICK, DANA	87,133
RESTAU, FLORIE	106,023
RING, KRISTEN	78,647
ROBINSON, BRADLEY	86,321
ROCHAT, MARK	81,954
RODENBUSH, DALE	119,909
RODINE, NIKI	79,794
ROGERS, JOEL	81,983
ROGERS, JOAN	50,590
RONQUILLO, YVONNE	118,746
ROR, LINDA	104,881
ROTHWELL, TRACEY	83,478
ROWE, EVELYN	94,644
ROY, JASON	85,007

RUDY, MICHELLE	70,471
RUSSELL, SUSAN	54,542
RUTTEN, WHITNEY	82,437
SALMERS, MARLENE	77,745
SANDSTROM, CORINNE	94,589
SANGSTER, RHONDA	99,804
SANGSTER, JANIS	90,099
SANGUIN, CARMEN	73,798
SAUNDERS, LESLIE	101,739
SAWIN, LORNA	105,415
SCHAFFER, MARY ANNE	72,410
SCHARNATTA, COLLEEN	81,439
SCHINDEL, SHARON	94,846
SCHINDEL, KIMBERLY	66,827
SCHMIDT, STEPHANIE	87,367
SCHMIDT, JASON	83,590
SCHMIDT, DEBBIE	78,732
SCHMIDT, LENNA	73,379
SCHMIDT, LAURIE	70,575
SCHULTZ, DUANE	131,094
SCHULTZ, LORRIE	83,751
SCOTT, REBECCA	70,101
SELLERS, BETTY	58,726
SETRUM, CHARMAINE	80,643
SHAVER, NORMA	99,941
SHAW, THOMAS	54,362
SHAY, DEBBIE	94,752
SHELSTAD, CAROL	95,046
SHEPPARD, DEBBIE	67,605
SIM, TWYLA	80,030
SIMPSON, BECKY	57,763
SJARE, MIKE	92,750
SJOSTRAND, JANICE	98,926
SMITH, SHERRI	59,849
SOVDI, JUDITH	94,066
SOVDI, COLLEEN	69,626
SPEERS, LAURENDA	81,208
SPENCER, PENELOPE	64,057
SPENCER JOHNSON, SANDY	63,498
SPRECKEN, JASON	55,794
STAMM, CHARLOTTE	51,929
STEELE, KATHLEEN	62,509
STEIN, BRENDA	95,914
STEININGER, TERRY	104,881
STEININGER, LIVIA	62,529
STEPHANY, GENE	76,584
STOLZ, CELINE	91,970
STRELIEFF, HELEN	52,110
STRUBLE, ANNAMARIE	81,887
STUART, MARIA	53,488
STYLES, NANCY	57,716
SWERTZ, STELLA	80,507
SYMONS, NATASHA	61,622
SZAKACS, SHEILA	72,448
TAN, JULIUS	76,364
TAYLOR, KERI	71,399
TAYLOR, KAREN	55,011
TEDFORD, GARRY	75,449
TESTER, CHRISTINE	90,425
THERA, SHIRLEY	73,374
THOMPSON, GARRY	91,897
THOMPSON, LAURA	63,106
THOMSON, SCOTT	112,105
THUEN, DEBORAH	103,946
TIFFEN, MONIQUE	75,335
TOMILIN, LEIGH	57,978
TOURAND, DENISE	74,264
TRAIL, TRACI	54,128
TREBICK GIBSON, CORINNE	50,577
TREBLE, MELVINA	63,197
TREMBLAY, LARAINE	96,260
ULMER, THERESA	75,856
ULMER, KIM	68,897
UY, ENGILBERT	70,879
VALENTINE, DIANNA	55,836
VALENTINE, TERESA	50,195
VAN DER BREGGEN, GEORGE	81,935
VANSTONE, JEWELL	64,729
VATAMANIUCK, LISA	62,574
VERMEULEN, CHRISTA	51,342
VEROBA, SARAH	102,843
VIERGUTZ, SUSAN	90,858
WAGNER, JANICE	73,673
WALL, RHONDA	90,736
WARD, COREEN	110,508
WARNER, APRIL	50,633
WARNER JOHANSON, SHEILA	72,420
WAROMA, KRISTIN	69,029
WARREN, NANCY	97,211
WATCHMAN, TAMMY	58,102
WATLING, JOSEPHINE	76,586
WATSON, FELECIA	100,464
WATSON, ROD	83,727
WATSON, ANDREA	69,232
WEBB, BEVERLEY	95,824
WEISE, KRISTOPHE	56,538
WHEELER, SHIRLEY	91,362
WHITE, REBECCA	70,264
WHYTE, DERRICK	102,723
WICK, VANESSA	60,806
WILSON, LINDA	106,157
WILSON, TANNIS	104,789
WILTON, KELLY	66,808
WING, GRAHAM	52,683
WOCK, SHAUNA	74,000
WOLFE, DONNA	77,398
WRIGHT, BERNADETT	106,157
WRIGHT, BARBARA	67,243
YOUNG, CHENOA	90,518
YOUNGHUSBAND, CHRIS	70,351
ZABOLOTNEY, KIM	52,308
ZADOROZNIAK, ECHO	60,902
ZAMBORY, TRACY	106,786
ZELIONKA, TIFFANY	58,541
ZENKAWICH, STEVEN	133,352
ZIMMERMAN, SHIRLEY	69,470
ZYLA, JILL	65,238

Transfers

Listed by program are transfers to recipients who received $50,000 or more

Borderline Housing Co. Inc.	1,663,597
Canadian Mental Health Association	126,866
Fillmore Ambulance	73,260
Radville Marian Health Centre	3,406,374
SMILE Services Inc.	64,721
St. Joseph's Hospital	16,078,090
Stoughton & District Volunteer Ambulance	148,450
Supreme Ambulance (Carlyle)	397,755
Weyburn Group Home Society Inc.	287,548

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

Access Communications	74,442
Alltech Electric Inc.	54,716
Beckman Coulter Canada Inc.	81,866
Bob's Electric Contracting Ltd.	67,504
C J Meyer Medical P.C., Inc.	410,763
Can-Med Healthcare	50,426
Cardinal Health Canada Inc.	96,158
Charis Medical	100,481
City of Weyburn	102,463
CPDN	77,264
Crestline Coach Ltd.	347,691
eHealth Saskatchewan	73,892
Erhaze, Dr. Sylvester	259,922
Fong, Dr. Philip	244,250
Grand & Toy Office Products	118,571
Hill-Rom Canada Ltd.	173,142
Hiroc Insurance Services Ltd.	158,219
Honeywell Ltd.	185,985
Horri, Dr. Mehdi	74,762
Hospira Healthcare Corporation	141,724
Hudson, Dr. Shauna	274,131
IBM Canada Ltd.	1,831,172
Johnson & Johnson Medical Products	277,902
Kap City Construction Ltd.	99,820
Ledcor Construction Ltd.	9,010,522
MacPherson Leslie & Tyerman	140,800
MacRae, Dr. Donald	61,255
Marsh Canada Ltd.	159,609
McKesson Canada	116,445
McKesson Distribution Partners	76,570
Medical Centre	149,460
MHPM Project Managers Inc.	413,542
Minister of Finance	1,003,207
Oberholzer & N.W. Helms, Dr.'s	139,091
Olympus Canada Inc.	111,669
Oneworld Accuracy Inc.	69,795
Ovueni, Dr. Efe	90,868
Oyebode, Dr. Omoniyi	539,795
Phillips Healthcare	299,186
Physio-Control Canada Sales Ltd.	75,619
Prairie Janitorial Supply Inc.	57,814
Pratt's Wholesale Sask Ltd.	86,662
Precision Excavating & Trucking Services	57,446
QHR Software Inc.	56,430
Quality Life Services Inc.	320,714
Radiology Associates of Regina	434,657
Regina Qu'Appelle Health Region	173,063
Saputo Dairy Products Canada	125,921
Saskatchewan Power Corporation	1,056,640
Saskatchewan Telecommunications	402,029
SaskEnergy Incorporated	508,244
Schaan Healthcare Products	637,089
Sheikh, Dr. K.	84,311
Siemens Healthcare Diagnostics Ltd.	117,964
St. Joseph's Hospital	1,523,621
Stantec	788,992
Stevens Company Ltd.	100,391
Suncor Energy Products Partnership	75,991
Suberu, Dr. G. B.	515,617
Sysco Food Services West Inc.	870,428
The Border-line Housing Company (1975) Ltd.	258,759
T.L. Penner Construction Inc.	7,105,559
Town of Carlyle	58,232
Tyco Healthcare Canada Inc.	90,040
Unidesk Corporation	60,994
Vipond Fire Protection Inc.	224,887
Vitalaire Healthcare	58,883
Western Prime Meat Processors	62,950
Wood Wyant Canada Inc.	124,533

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employees Employment Strategy Committee	110,081
Canadian Union of Public employees Local 5999	869,666
Golden Opportunities Fund	182,111
Great West Life Assurance Company	515,107
Health Sciences Association of Saskatchewan	116,462
London Life	93,160
New Estevan Regional Nursing Home	51,281
Public Employees Pension Plan	168,261
Receiver General for Canada	22,805,242
Sask Works Venture Fund Inc.	234,031
Saskatchewan Association of Health Organizations	5,695,369
Saskatchewan Healthcare Employees Pension Plan	10,629,518
Saskatchewan Registered Nurses' Association	127,949
Saskatchewan Union of Nurses	346,293
Saskatchewan Workers' Compensation Board	1,436,112